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ORIGINAL COMMUNICATIONS.

CHLORAL HYDRATE.

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New York.

ARTICLE VI.

CHLORAL DELIRIUM—CONTRA-INDICATIONS.

CHLORAL DELIRIUM.—The delirium from chloral may be of three kinds: 1st, from small doses, disappearing when a little more chloral is given; 2d, from large doses, persisting until some of the chloral is eliminated; and 3d, that which occurs when the drug is suddenly withdrawn after its use for some time. One or more of these three forms have been seen by Drs. J. M. Nordlin, Rome, Ga.; L. C. Herrick, Woodstock, Ohio; J. B. Treadwell, Boston, Mass.; N. C. Husted, Tarrytown, N.Y.; J. N. Lawson, Silver Creek, Miss.; C. H. Hunt, Stanwood, Iowa; W. P. Bolles, Dorchester, Mass.; J. P. Anthony, Sterling, Ill.; John Dixwell, Boston, Mass.; R. E. Sutton, Rome, N.Y.; J. C. Hoffman, Chicago, Ill.; D. N. Kinsman, Columbus, Ohio; E. H. Coover, Harrisburg, Pa.; R. V. Davies, Roxton, Texas; Allison Maxwell, Indianapolis, Ind.; De Forrest Willard, Philadelphia, Pa.; Dr. Waters;* John Hurdfield, New York City; G. W. Chamberlain, Hartford, Conn.; George M. Beard, New York City; A. P. Brown, Jefferson, Texas; J. P. Landis, Hollidaysburg, Pa.; D. M. Cool, Chicago, Ill.; George W. Elerick, Hickory, Iowa; C. H. Hughes, St. Louis, Mo.; John B. Squier, Sulphur Springs, Ohio; Stephen Rogers;† Francis Goolden,‡ of Maidenhead; J. M. Lewis, Kosciusko, Miss.; C. W. Earle, Chicago, Ill.; J. D. McCleary, Indianola, Ind.; W. H. Travers, Providence, R.I.; George W. Avery, Hartford, Conn.; E. L. Partridge, New York City; C. H. Greenough, New York City; E. Brallier, Chambersburg, Pa.; J. M. Pace, Dallas, Texas; George W. Elliot,§ Bouchut,|| and many others. The following interesting letter is from Dr. J. A. Ingles, of Morea, Ill. It is a

type of the severe cases of chloral intoxication:

"In regard to the case of chloral intoxication, I would briefly say that J. S., laboring under fits of ague, came to my office May 17, 1879, having a little fever and a distressing pain in his head. Said he wanted something to relieve his head and he would wear the chills out. I gave him about twenty-five grains (perhaps thirty, as I fail to remember now) of chloral, dissolved in a little water. In ten minutes he wanted to lie down. Said his head was better, but he felt very queer and light-headed. I took him into a room and helped him to lie down, with instructions to keep quiet and take a nap, after which he certainly would feel better. I watched him a few minutes and left him, as I thought, asleep; but he afterwards said he was not. I turned my attention to something else, but did not have long to wait until I heard a noise as of some one falling out of bed, but in reality he had jumped out, and was trying to climb the walls of the room. He imagined he was riding horseback, and expressed it as going like 'white lightning.' He said he could not see, and wanted to know what made it so dark, this being about 10 A.M. a bright day. His eyes had a glassy appearance, lids about half closed, the pupils were contracted, pulse quick and wiry, muscles rigid and tense; for a short time, perhaps five or ten minutes, complained of freezing. In half an hour he was sweating profusely, when he became quiet and dropped off into a drunken sleep. His conversation during the excitement was that which is generally characteristic of persons under the influence of liquor. He slept perhaps three hours, and awakened free from pain, but very much exhausted. Ate a pretty hearty supper, considering his debilitated condition, but has been enjoying better health than previous to his chloral intoxication. Has not had return of chills."

Here again is that sudden loss of sight which occurred in Dr. Chamberlain's case, and which is quite similar to that described in Article V. In both cases there were violent delirium and hallucinations.

Mauriac¶ relates several cases of very violent chloral inebriety, in two of which there was bleeding from the nose. These

* London Lancet, May 4, 1872.

† New York Medical Record, 1871, p. 379.

‡ Practitioner, 1870, p. 191.

§ (Lancet) Druggists' Circular and Gaz., February, 1870.

|| Archives Générales, vol. ii., 1869, p. 755.

¶ Gazette des Hôpitaux, 1870, p. 382.

patients were all under treatment for venereal diseases at the Hôpital du Midi.

Dr. S. S. Boyd, of Dublin, Indiana, writes me of the case of a very intemperate man of nervo-sanguine temperament: "He was well educated and talented, but a physical, moral, and mental wreck. A portion of the bones of his cranium had been removed on account of syphilis. While here he suffered at times from neuralgia of face and scalp. To allay these symptoms I prescribed for him twenty-grain doses of chloral, which always gave him relief. Finally he would procure chloral from a druggist and take it without my advice.

"One day he and a friend took a ride into the country, starting at 1 P.M. Before leaving town he bought two hundred and twenty grains of chloral and dissolved it in eight ounces of water. Before their return, at five the same afternoon, he had taken all but about a half-ounce of the fluid, or over two hundred grains of chloral.

"He was ravingly delirious when he returned to town, wanted to kill the friend who accompanied him, but, as he was so weak that two men had to support him to get him to bed, he was not very dangerous. I administered to him one-half grain of sulphate of morphia. In a short time he was asleep, and slept a kind of drunkard's sleep all night."

Prof. Henry M. Lyman, of Chicago, Ill., writes me of a lady who took through mistake ninety grains, in divided doses, in the course of one night. She was for a short time (half an hour) delirious, swearing and shaking her fists at her friends, though naturally a very amiable and religious person. She experienced no bad effects the next day.

Dr. J. A. Miller,* of Williamsburg, Ky., has frequently seen chloral produce intoxication analogous to alcoholic inebriety, being more likely to act in this way when the person has been previously slightly stimulated.

A case of severe delirium tremens, after stopping chloral which had been used for a year, occurred in the practice of Prof. Da Costa, and is reported by Dr. Frank Woodbury.†

A similar case is reported by Elliot,‡ of London.

In many instances delirium does not follow the abrupt stop in the prolonged use of chloral. Such cases are reported by W. R. D. Blackwood,§ Laurence Turnbull,|| Bidlack,¶ and Lee.**

Occasionally chloral seems to aggravate existing delirium.

Drs. Fraser and Muirhead†† have used chloral in a large number of cases, and with very satisfactory results, especially as regards its hypnotic action in fever. They found that when violent cerebral excitement was present an ordinary dose was apt to increase it, while a double dose sufficed to allay it and produce sleep.

Grainger Stewart‡‡ observes that in one or two cases he had seen distressing symptoms follow the use of chloral. In one case temporary insanity had occurred, accompanied by delirium, the patient fancying he saw rats and other animals running about him. He had no delirium previously.

F. C. Shattuck, Boston, Mass., writes me that he believes it makes nervous and hysterical women wilder instead of calming them.

Obet§§ seems to think that this delirium and "nervous irritation" are due to impurities in the drug. This is also the opinion of Liebreich,||| who, finding delirium and eruption in one or two cases, used another and pure preparation, when no such results followed.

This may be the case in some few instances, but that it is so in the majority I do not believe. I have seen wild delirium from a perfectly pure preparation of chloral in small doses.

Dr. Malcolm McLane, of this city, writes me that he has seen delirium supervening upon a compound fracture greatly aggravated by chloral.

Several of my correspondents claim that the delirium of delirium tremens is sometimes aggravated and continued by the use of chloral, all delusions, etc., disappearing on stopping the drug.

A. P. Hayne, San Francisco, writes me as follows: "Bromide and chloral seem to produce delirium in some cases when long continued; ceasing when chloral is stopped and bromide given *alone*. There

* By letter.

† Medical and Surgical Reporter, November 9, 1878.

‡ Lancet, 1873, p. 754.

§ Medical and Surgical Reporter, November 9, 1878.

¶ Ibid.

†† Edin. Med. Jour., 1870, p. 1138.

‡‡ Edin. Med. Jour., June, 1870.

§§ Medical Times and Gazette, July, 1875.

||| Lancet, June 16, 1877.

** Ibid.

is no doubt but that if given beyond a certain time it will create the visions which it is generally given to overcome. Patients give minute details of what they saw. In these cases all symptoms of delirium tremens had passed away, and medicine was given for persistent insomnia. Lasted from two or three days to ten days in one case."

The doctor, having charge of a home for inebriates, speaks intelligently.

Mr. Pugin Thornton relates the particulars of a case of delirium tremens where eight drachms of chloral hydrate were administered within thirty-three hours and a half. The delirium was not relieved thereby: on the contrary, the patient recovered as soon as the chloral was stopped.*

Dr. Horatio C. Bigelow, of Washington, D.C., writes me that he observed, in one instance, in a hypochondriac, who was given chloral, exaltation of the ideomotor centres, followed by delirium and subsequently maniacal excitement.

Dr. De Forrest Willard, of Philadelphia, believes that combining the bromide of potassium and morphine with chloral to a certain extent prevents the development of delirium and hastens sleep.

Chloral given to patients who have been abruptly broken from the use of morphia or opium sometimes produces wild delirium, at times amounting to acute mania.†

TETANUS AND CONVULSIONS.

Dr. G. W. Chamberlain,‡ of Hartford, Conn., saw slight tetanic spasm in one case after the use of this drug, as follows: "I gave a dose of fifteen grains to induce sleep in a case of typho-malarial fever. A young man aged 28, of what are called fast habits, never had had any specific disease. In ten minutes after taking it his face and neck were strongly flushed and the muscles of the jaw stiffened. After they relaxed there were several attacks of severe twitching of the muscles of the jaws and face. Brandy hypodermically was of the most service here."

Dr. C. H. Hughes, of St. Louis, Mo., writes me that he has seen one case where there was temporary trismus after the use of chloral.

Regarding convulsions, Dr. C. A. Bryce, of Richmond, Va., writes me, "I have seen

chloral produce slight convulsions at the commencement of its use. I now recall a case occurring in my practice some eight years ago, in which I was sent for to see a lady who was suffering terribly from a 'nervous headache,' to which she had been subject for years. I gave her fifteen grains of chloral. In ten minutes her face became almost purple; she passed off into a *convulsion*, from that into a sweet sleep, and had *no return of headache* for years. She had formerly experienced an attack every week or ten days."

From the few cases here detailed and more to be found in literature, it is evident that chloral rarely produces convulsions or tetanus, certainly not so often as morphia, especially when it is given subcutaneously.§

CONTRA-INDICATIONS.

The very formidable list of cases where poisoning, syncope, and death have occurred from the use and abuse of chloral teaches us very forcibly that, if we are to give the drug at all, we should make ourselves thoroughly acquainted with those conditions, hereditary or acquired, in which chloral is either not well borne or dangerous.

The contra-indications to the use of the drug as originally laid down by Liebreich are as follows: ||

1. Extensive destruction of the mucous surfaces of the *primæ viæ*. If used at all in such cases, it must be given well diluted with mucilage; or it may be thrown into the rectum.
2. Arthritic conditions are unfavorable, unless the blood be first rendered alkaline.
3. In typhus, if given, it should be in small doses.
4. In affections of the circulatory apparatus, especially valvular and other serious diseases of the heart, small doses should be used.
5. It is contra-indicated in hysteria, in which it often increases and fixes the condition of excitement. This, Professor Liebreich considers inexplicable.
6. Whether or not it is contra-indicated in icterus remains to be seen, it having been so asserted.

The very extensive use of the drug in the past ten years has taught us that Dr. Liebreich's conclusions are subject to con-

* (Brit. Med. Jour.) Druggists' Circular, March, 1875.

† Levenstein, "Morbid Craving for Morphia." London, 1880.

‡ By letter.

§ Kane, "Morphia Hypodermically." New York, 1880, p. 227.

|| (The Doctor) New York Medical Record, 1872, p. 106.

siderable modification. In the main, however, they remain about the same.

As regards the second clause, Dr. John W. Ogle* and several of my correspondents report that they have used the drug in this disease, and that it did not require any other than the ordinary dose to produce the desired effect. Dr. Farquharson,† however, agrees with Dr. Liebreich on this point, as he himself has found that in acute rheumatism large doses of chloral have not only not done good, but have even caused delirium. Mr. Brudenell Carter, during the discussion (case of poisoning given by Mr. Hulke), wished to know whether there was really sufficient evidence of diminished alkalinity of the blood in rheumatism. A gouty patient of his had told him that the discovery of chloral hydrate was to him an untold source of bliss and happiness.

Dr. A. A. Smith,‡ of this city, finds that chloral acts better in rheumatism after full doses of the alkalies. He thinks that when the urine is alkaline the drug will be found to act rapidly and efficiently, and would take the reaction of the urine as an indication for the amount necessary to use.

With reference to its use in typhus and typhoid fever, it must be said that here too it has received an extended trial, and without producing any very marked evil effects and much good. One case where ten grains produced decided trouble is given in Article IV. Dr. Russell, of Glasgow, Scotland, has experimented with it largely in reducing the temperature in fevers.§ Dr. J. C. Neall,|| of Deadwood, D.T., has used it in over forty cases of typhoid fever with good result, saying that he has not yet lost a case. Like testimony is given by many others.

Dr. Smith states that he has found that smaller doses are required to produce the desired effect in those fevers where there is a hyperalkaline state of the blood. In one instance, a case of typhoid fever, ten grains by the rectum sufficed to produce sound sleep.

No one will for a moment question the necessity for great care in the use of this drug in rheumatism, gout, typhus, and typhoid fever, for in all these diseases there is a weak condition of the heart

after organic cardiac disease, especially in gout and rheumatism, as also disease of the kidneys. It is likely that the danger from fair-sized doses, in these diseases, is due more to the condition of the heart than to the lessened or increased alkalinity of the blood. If acidity or alkalinity has anything to do with the matter, its effect is probably exercised while the drug is in the stomach.

As to the danger of using this drug in diseases of the heart and arteries, it is undoubtedly great, and the utmost caution must be displayed if it is to be used at all.

Dr. Da Costa,¶ in his Toner lectures, says, "Not only in cases of cardiac adynamy, but in other cases where an enlarged and powerful ventricle is faltering before a tight stenosis, chloral is contra-indicated, as it has been found, under these circumstances, to produce a paralyzing effect upon the heart of a most undesirable character."

This, says Dr. MacDonald, may be obviated by using digitalis at the same time.

Dr. J. W. Parsons,** of Portsmouth, N.H., has given it in cases where there was serious valvular trouble, without any ill effect. Still, he does not advise its use where these affections exist.

Dr. Habershon†† had most alarming symptoms from thirty grains of chloral in a case of aneurism of the thoracic aorta. The patient became unconscious at once; face and hands livid and cold; breathed only at long intervals; recovered after five hours. Dr. Habershon believes chloral has a tendency to produce pulmonary congestion, and that it should never be given in bronchitis or pneumonia.

Dr. A. E. McRae‡‡ says, where there is valvular disease of the heart, he has always found it is rejected immediately. He says that Drs. Fuller, Crichton-Brown, and Dunlap, of Jersey, agree with him on this point: their patients kept the draught down and the bad symptoms appeared.

Dr. W. H. Judson, of Wauregan, Conn., writes me of the following interesting case. It presents the peculiarity that inhalations of amyl nitrite seemed to aggravate the woman's condition.

"Woman, 35; two children; organic disease of heart. Called in for neuralgia of trifacial. System free from drugs at time chloral

* Practitioner, 1870.

† (British Med. Jour.) Druggists' Circular, March, 1875.

‡ By letter.

§ Pamphlet, which I have not been able to obtain.

|| By letter.

¶ Carlos F. MacDonald, Amer. Jour. Insanity, January, 1878.

** By letter.

†† Lancet, December, 1870.

‡‡ Edin. Med. Jour., 1871.

was given. Gave ten grains or less, certainly not more. *Instantaneously* dropped as though dead; certain blanched, deathly look to countenance, but pulse was full but slow (say 50); no strength to move her limbs or body for over an hour. Roused up in about five minutes after collapsing, with the remark, 'I am dying.' Assured her she was not; gave her brandy, for which I had sent to a neighbor's; she became unconscious again, and continued more or less so for several hours; would rouse when spoken to, but always groan and say, 'I am deathly sick.' Pulse remained the same; respiration slow and rather heavy; did not notice pupils.

"Woman, farmer's wife, æt. 68; black hair; goitre of neck; tumultuous and irregular action of heart. Seven and a half grains gave sleep for two hours. Awoke with a scream; jumped out of bed; sat on edge; semi-conscious. Recovery in five minutes; asleep again for two hours; awoke with much epigastric pain. Liebreich's chloral in both cases."^{*}

A letter from Dr. C. F. Rodgers, of —, possibly bears out the warning given by Dr. Habershon. Chloral is one of those drugs that kill by either heart or respiration, and hence the drug, if given in diseases that tend to kill by the heart or lungs, may work considerable damage by giving impetus to the disease-tendency.[†]

I have seen two cases of pneumonia that would probably have recovered, in which chloral was used to procure sleep and control delirium. It did neither, but, if possible, augmented the trouble. I will never give hydrate of chloral in any inflammatory trouble hereafter: it will not do. I will only describe one case as a type of both:

A. B., aged 19, inflammation of right lung. Saw him in twelve hours after the attack. Pulse 115, full and hard; temperature 103; respiration 40; skin hot and dry; expectorating profusely. Prescribed, to relieve pain, a mustard-plaster; gave *verat. vir.*, *gtt. vi.*, every three hours; also *pulv. Dov.* and *pot. nit.*, *gr. x* every three hours. By the second day he was much better, and I proposed to leave treatment and dismiss in a couple of days. At night he was in the following condition: Pulse 80, soft; respiration 28; countenance natural; decubitus right side; temperature 101; bowels had moved. I gave, to procure sleep that night, hydrate chloral, *gr. xx*, in two doses, as I did not wish to give any more Dover's powder. I saw him next morning. Had not slept much, was slightly delirious,

and from this onward all the symptoms were aggravated, and he died three days afterwards. Tongue clean and moist after the second day to close of disease.

Dr. F. C. Shattuck, of Boston, whose opinion has already been given, agrees with Dr. Liebreich as to the fact that chloral aggravates the excitement of hysteria. Others, however, have used it in these affections with good results.[‡] It has been used with good results in hysteria by S. T. Hubbard§ (three cases), James Donaldson,|| London, England, and R. E. Sutton,¶ Rome, N.Y. James Perrigo,** of Montreal, has found it of advantage in hysterical epilepsy. J. R. Sample,†† of Summit, Miss., says that it is unsatisfactory, and D. N. Kinsman, of Columbus, Ohio, that it is uncertain.

As to its danger in icterus, I know nothing; none of my correspondents speak of it, and I have been unable to find anything in the literature of the subject upon it.

Dr. C. H. Hughes, of St. Louis, Mo., cautions against the constant use of small doses.

I have seen much mischief done by the constant and persistent saturation of the blood with chloral. If a patient has taken chloral in five- or ten-grain doses every hour or two, in a case of high cerebral excitement, for ten or more hours, and has not been sent to sleep for an interval of several hours by this plan, I would consider it dangerous to give a full dose of forty to fifty or sixty grains before an elapsed interval of from eight to twelve hours for elimination of the previous ineffectual doses, which have poisoned the blood and irritated and exhausted rather than tranquillized and recuperated the cerebral centres, whereas a single dose of forty to sixty grains, according to the intensity of the excitement, may be given with impunity when there has been no previous ineffectual action of the drug.

THE USE OF CHLOROFORM AFTER CHLORAL.

M. Fornet,†† of Brest, basing his theory on the facts discovered by Claude Bernard regarding the prolongation or reproduction of chloroform narcosis by means of a dose of morphia, thought it would be of advantage to use another narcotic, giving it, however, *before* the chloroform. The

* Lancet; New York Med. Jour., 1872, p. 332.

† See article by the author, on "Therapeutics as based on a Study of Tendencies," New York Med. Record, August, 1880.

‡ Allbutt, Practitioner, 1870, p. 252.

§ New York Med. Record, 1871, p. 164.

|| By letter.

¶ Ibid.

** Ibid.

†† Ibid.

‡‡ Bull. Gén. de Thérap., vol. lxxxvii, p. 516.

drug he used was chloral, and, instead of giving it subcutaneously, he administered it by the mouth. He tried it in several cases successfully. In a little girl he produced sleep with a dose of thirty grains of chloral, and then caused her to inhale some chloroform. Complete anæsthesia resulted, and he was able to explore the bladder freely and satisfactorily.

The quantity of chloroform necessary is only from two to six grammes (about thirty to ninety grains).

The use of chloroform after chloral had been taken was, however, found to be very dangerous by Dolbeau.* In three cases, where the patients had previously taken chloral, chloroform produced decided symptoms of collapse, or a very strong desire to sleep, accompanied by great coldness of the surface and weak action of the heart.

One of the cases was that of a lady suffering from fissure of the anus; and it is to be borne in mind that M. Nicaise† claims that the "intolerant fissure" of Prof. Gosselin is generally accompanied by a well-marked condition of the nervous system that renders its subjects highly susceptible to the action of chloroform. Take the following for example. A lady of very nervous temperament, and pregnant two months, being the subject of the "intolerant fissure," was put under chloroform, and soon fell into a state of resolution without prior excitement. After dilatation had been practised, the patient was found to remain still in an alarming state of resolution, the thorax being quite immovable and the pulse very feeble. The various efforts at restoration had to be continued for three-quarters of an hour before respiration could be completely re-established. Vomiting was frequent. Although the quantity of chloroform used was very small, the patient was very near dying. To another nervous woman, forty years of age, chloroform was most carefully given, and after four or five inspirations she fell into a state of resolution without prior excitement. Dilatation was at once performed, and the patient came to almost directly,—the whole having lasted but a moment. Had the chloroform been continued, disastrous results might have ensued. In the case of

a man aged 20, a few inspirations produced anæsthesia and resolution.

In other cases the subjects of fissure, M. Nicaise has not met with this excessive sensibility to the action of chloroform; but its possibility indicates the necessity of precaution. The depressing effect of the chloroform was most marked in the first of these cases, the slow form of death which seemed imminent differing from that commonly observed, in which life ceases suddenly and unexpectedly by syncope, the two forms being distinguished by M. Perrin as the adynamic and the conclusive. Other cases in which dangerous symptoms after chloroform have occurred, in the practice of M. Guyon (detailed, as well as those of M. Nicaise, in a recently published thesis by M. Ducamp), have comported themselves differently, there having been a prolonged stage of excitement, and the amount of chloroform consumed being much more considerable. Although none of his cases have proved fatal, they have been sufficiently alarming to lead M. Guyon to perform dilatation without chloroform, making it more instantaneous than by Maisonneuve's procedure, which, while rapid, is still progressive. M. Nicaise does not think that chloroform need be renounced in these cases, but that the surgeon should most carefully watch the phenomena produced while administering it himself, and proceeding to the operation the instant that resolution is produced.

In one of Dolbeau's cases, that of a gentleman with "a painful disease of the rectum," death followed this procedure. In the other two a fatal result was feared, but happily did not occur.

Guyon‡ had a case that nearly proved fatal from the same cause.

Demarquay§ has seen the same symptoms from chloroform alone in a weak, anæmic woman; also in another case. He seems to think that if both agents had been given death would have occurred, and he heartily condemns the procedure.

Perrin states|| that he has given chloroform after chloral, and the patient recovered, after the performance of an operation, without any bad symptoms.

This method was proposed by M. Fornet for the purpose of lessening the danger following the use of chloroform alone. He seems to think that the danger is in

* Gazette des Hôpitaux, 1874, p. 1165.

† (Gazette Méd., March 18, 1876) Med. Times and Gaz., April 1, 1876.

‡ Gazette des Hôpitaux, 1874, p. 1164.

§ Ibid., p. 1167.

|| Ibid.

direct ratio to the amount of chloroform used. This we know, from many recorded instances, is not the case, the first few inhalations causing death. Even if M. Fornet was right in this matter, the fact still stands that the method by chloroform and chloral is in itself very dangerous.

Dr. Chas. K. Mills,* of Philadelphia, says that where there is an idiosyncrasy with reference to the action of morphia, a previous dose of chloral does away with all bad effects; and Dr. H. M. Bannister,† of Chicago, Ill., says that he has found it to diminish the stage of excitement in etherization. He says, however, that he has not had much experience in this matter.

ON SOME POINTS IN MEDICAL ETHICS.

Read before the Philadelphia County Medical Society, November 10, 1880,

BY JOHN H. PACKARD, M.D.

MR. PRESIDENT AND GENTLEMEN,—An impression prevails in the minds of the public that there is among physicians a system of imperative but arbitrary and unreasonable punctilio, leading them, as I have repeatedly heard it phrased, to "let a patient die while they are arguing about a matter of etiquette." And even among members of the profession there is apt to be a somewhat mistaken feeling in regard to this subject. They too often have an idea that the Code of Ethics is a set of rules: they have a general desire to act up to it, but a certain indefiniteness as to what the rules are and what is their authority. In the belief that discussion of the subject may be useful, I venture to bring it forward this evening in a few somewhat desultory remarks upon certain points.

Let it be clearly stated, in the first place, that this code is *not* a mere set of rules as to what we may or may not do. Lord Castlereagh is reported to have said that he could drive a coach-and-six through any act of Parliament that could be framed. No law can be established that shall directly meet all the infinite varieties and combinations of circumstances which make up our daily life,—none that can control a body of men like the medical profession, and keep them har-

monious, unless it is sustained on their part by the prevalence among them of a high moral tone. Yet, if there is such a tone, and a cordial desire to do right, if the prevailing sentiment is on the side of honor, there is scarcely any need of a law, scarcely any risk of its being transgressed.

Now, when we ask what the Code of Ethics *is*, we shall find it to be simply an endeavor to set forth the relations of physicians with one another and with the public, and to give, somewhat in the concrete, the results of experience upon the general principle which underlies the whole matter.

This general principle is a law through which not even a gnat can creep. No situation can arise in which it is not a safe and adequate guide. It is the simple rule given by the founder of Christianity,—to do to others as we would that they should do to us. Interpreted by common sense, we shall find that this meets all the necessities of every case.

And here let me admit that our Code of Ethics is to me very unsatisfactory. It is so because it does not anywhere give a clear and distinct statement of its fundamental principle; because it is sometimes in the highest degree vague and general, sometimes exactly the reverse. Moreover, as I shall presently try to show, it does not, especially in some of its more concrete directions, accord with the conditions and customs of professional life at the present day.

Professional ethics may be as completely violated by a shrug of the shoulders, by a raising of the eyebrows, or by an inflection of the voice, as by the most flagrant quackery. Against such offences the code itself is powerless, while the observance of its principle would effectually preclude them. A few instances only can be discussed in this paper, but they will serve to show the correctness of the ground now taken.

I have heard the question raised whether a physician had the right to send his prescriptions to a particular drug-store, and an argument of some length held upon it. I have heard bitter complaint made because medicine was ordered by numbers understood only by one druggist. Now let us look into this matter a little.

My business runs in a special direction, —suppose in that of eye surgery or skin diseases,—or I have confidence in a certain

* Phila. Med. and Surg. Reporter, November 9, 1878.

† By letter.

article which, in my opinion, requires a particular method of preparation. Frequently prescribing this, I choose to be sure that my patients get what I order. Now, either for this reason or to save my own time, I arrange with a druggist that No. 1 means such a combination, No. 2 another, and so on. A patient comes to me to ask for advice about himself. What is my prescription? It is simply a formula by which he shall be enabled to get what will suit his present condition. He has no right in it for indefinite use. I cannot be held answerable if, for instance, having a mercurial ordered for him, he goes on renewing and taking it until he is salivated. He has no right to give it to other people whom he may suppose to be affected as he is or was. If I choose to send him to a certain drug-store to get what he needs, I have a right to signify, in any convenient way, what he is to have dispensed to him. For the suitability of that article to the relief of his condition at the time it is prescribed, and for that alone, I am responsible.

All this is, it seems to me, simple common sense. If now a brother physician asks me for the formula of my prescription, and I refuse to give it, or if I arrange with the druggist to whom my patient must go that he shall pay me a percentage on his receipts for my prescriptions, it is equally common sense that I am infringing the rights of others, and violating the great principle of the Code of Ethics.

Let us now consider another matter. If a physician is called to see a patient in an emergency which has arisen in the course of a sickness, it is clearly his duty to ask who is in attendance upon the case, and to desire that he should be immediately notified. Circumstances must decide whether the first named should simply do what is needful and retire, or await the arrival of the attending physician.

But suppose the case is one of sudden sickness, or of accident. Now, while it would be much better for the physician who is called in to ask who is the family physician, it is not absolutely obligatory upon him to do so. The family physician, indeed, is in a great measure an institution of the past, at least in large cities. There are cases in which it is well known to the practitioner who is thus summoned that the family have usually employed a certain doctor, and then it would be the right thing for

the former to ask to have the latter notified. Indeed, it would be not only the right thing, but, to take a lower view of the matter, it would be better policy.

Should the family mention that they have considered Dr. So-and-so their regular attendant, it ought by all means to be regarded as an intimation that he should be notified. Or if, as is often the case, different members of the family have each their physician, it is better to avoid all semblance of interference. And any hint of want of esteem for or confidence in his fellow-practitioner, on the part of the doctor who is brought in on an emergency, is clearly a violation of the great rule.

If the family distinctly request the physician who is thus called in to take charge of the case (where there has not been previous attendance), he has a perfect right to do so; but if he is aware that the family or the patient had within no long time been under the habitual care of another, it would be both courteous and friendly to seek an understanding in the matter with the former attendant. I have known bad feeling to be prevented by this course in more than one instance.

Now, let us suppose that the physician called on in a serious emergency is informed that the attendant is a homœopath. There are too many among us who hold—to parody a well-known phrase—that a homœopath has no rights that a regular physician is bound to respect. We cannot consult with homœopaths, for, if they are honest in their faith, we have no common ground of discussion with them. But we should remember that they have the right to be considered honest in their convictions, in the absence of proof to the contrary. And it should be further remembered that the patient has rights to be respected. Equally, also, we owe it to ourselves and to our profession to show an example of right feeling and of true dignity. Hence I should say that, under the circumstances supposed, the physician should institute such measures as he deems proper, just as if the attendant were of his own school, without raising any argument with the family or friends. If they decline or criticise his aid, he, of course, merely retires. If circumstances demand his remaining until the arrival of the physician, I should say it would be proper for him simply to state what had been the condition of things on his being summoned,

what his view of the case was, and what course he had pursued, and then courteously but firmly to decline any further consultation. This, I submit, would be doing right; and, no matter what might be afterwards said (and unfortunately such things are not always either properly managed or correctly reported), the physician would, I think, have that greatest of all comforts, the approval of his own conscience.

Next, as to the matter of consultations. These, says the Code of Ethics, "should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice." This seems to me to be one of those glittering generalities which tend simply to lessen the authority of the code. Consultations, I think, should be avoided, unless they are really to be of service to the special case in hand. They involve an expense which many families can ill afford; they require the appointment of a fixed hour for the visit, and almost always occupy extra time. Still, if the physician feels the need of counsel, or wants responsibility shared, it is eminently proper for him to call for the advice and help of his brethren. What I object to is the idea that they are always desirable. And of one point I am sure: that the physician in attendance should be allowed to exercise his own discretion in the matter. He may think it proper to strengthen his own position; but if he feels that the family have not confidence in him, and he knows himself to be fully competent, it is sometimes a better plan for him to retire from the case rather than be forced to call a needless consultation.

It is often said that the consulting physician should never supersede the attendant or allow himself to be called in, except in his original capacity as an associate. But if the family designate him, and they afterwards want to employ him, he has a perfect right to respond to the call without any offence being taken by the former attendant. If, however, the latter selects the consultant, and introduces him to the family or patient, the case is quite changed. A physician so introduced should decline to have anything to do with the case, or to attend in the family afterwards, except in consultation with his introducer, unless the latter signifies his full and free consent. The reasons for this distinction, which is also to be drawn in the case of a substi-

tute, seem to me to be too clear to require any argument.

The question is sometimes raised, Suppose there is, in a consultation, a difference of opinion as to important points, are all the physicians concerned bound to assume a position of consent before the family, or, it may be, before the public? This seems at first sight to be a difficult matter to settle; but let us apply our touchstone.

Differences of opinion will arise which cannot be reconciled; each man has a right to sustain his own view, so far as his honest convictions go. But if one party yields, and the result as announced to the patient and family is given as the decision of the conclave, then it should be loyally adhered to by every one of those concerned. If one out of five consultants entertains an opinion irreconcilable with that of the other four and upholds it among them, he has a right to do so anywhere; he is not bound to submit to a majority and smother his own convictions, nor is he bound to accept responsibility for a course from which he has declared his dissent. Propriety and good feeling would forbid his going about and exulting in the independence of his views, but self-respect would compel him to assert them on suitable occasion.

Before quitting the subject of consultations, there is one point which I wish to dwell upon, as experience has shown me its importance. A consultation having been held, the family or friends of the patient are often desirous of getting a private opinion from the consultant. Now, the supposition is that the regular attendant will communicate the opinion arrived at to those who are entitled to hear it, and that he will do so as fully and honestly as possible. I have known much dissatisfaction and want of confidence to result from an apparent discrepancy between the views thus expressed by the two parties, and on one occasion the consultant gave an opinion directly opposed to that he had formerly concurred in, probably because the impression on his mind had become confused and erroneous from the lapse of time and the intervention of other cases.

I would urge, therefore,—although indeed this matter may be thought to belong rather more to etiquette than to ethics,—that all communication with a patient or his family in regard to the case should be through the attending physician, or at

least in his presence; that the consultant should not permit himself to be "pumped," or drawn into anything like heedless gossip on the subject, which may do much harm.

And here I must say a few words as to our modern friends, the specialists. The time has been, not twenty years ago, when a formal report was made to the American Medical Association condemning the practice of specialties *in toto*. This prejudice was based upon what we now regard, and I think with justice, as narrow and partial views. Provided there is a liberal and comprehensive education in medicine, the devotion of special study to certain branches is clearly a benefit to the profession and to the public. And indeed the field of medical literature, the activity of research in modern times, is so vastly greater than in former days, that the man who would keep up with the advances made in all departments would have no time to put the knowledge he gained into practical use.

But it should be remembered by those who thus give themselves to the pursuit of certain branches of practice, that they have still to maintain their loyalty to the great body of the profession. If the oculist or the surgeon avails himself of his acknowledged ability in his own specialty to decoy away the patients who are sent to him by others less skilled in that department, he will find that the slight temporary advantage he thus gains will result in ultimate and far greater loss. The same rules should be held to apply to him, and should be faithfully observed by him, as are obeyed by the profession at large. A surgeon called in to attend a gunshot-wound, or to excise a tumor, should confine himself to his function; and if a member of that family comes to him and says (for instance), "Doctor, we were so pleased with your attention and skill in my father's case that I thought you would be able to cure my dyspepsia," he should remember what is due to his profession and to himself. Loyalty to his brother practitioner will tell him just what to do.

Then there are many cases in which, with the occasional assistance of a specialist, the general practitioner can conduct the treatment with ample ability. Here—and I speak from actual observation—there is sometimes an insidious assumption of superior skill and knowledge, a hinting at the necessity of very special qualifications,

which borders far too closely upon what would be recognized at once as quackery.

A few words upon the distinction between *medical ethics* and *medical etiquette*. The former must always stand, so long as the practice of medicine is anything more than a mere business; the latter, in accordance with the prevailing fashion of the day, has nearly disappeared with the wigs, the black suits, and the gold-headed canes which constituted the regalia of our forefathers in the profession.

It would be idle to trace the process of this disappearance. But there is no longer the solemn order observed of entrance into and exit from the sick-room. Seldom indeed does it happen in private practice that more than two physicians meet in consultation. No longer does the array of learned members of the faculty, each in his turn, deliver himself of his opinion. The chance is that the discussion begins in presence of the patient, and that some one, bolder and more outspoken than the rest, does most of the talking, to which the others merely give their assent.

Equally idle would it be to ask whether this is a loss. We cannot return to the old way. It would be at variance with the whole spirit of the social life of the day. It suited the former time, but it would not suit the men of the present.

The great point is that we should not allow this decadence, if it may be so called, to extend to the weightier matters of the law. Whatever be the standard of manners, whether the starched formality of the gentleman of the old school, or the free and easy familiarity of the nineteenth century in its second half, the controlling principle of professional conduct should be one and the same. And this is true in all the varied relations which we sustain among ourselves, to our patients separately, and with the public at large.

The great reason of our existence as a profession is that there is human suffering to be relieved. Wherever this may be found, physicians are ready to go and to act,—as ready now as they were in any former time. Nay, more, we recognize now in a fuller and higher degree than did our predecessors, that our duty is not only that of curing the ills that flesh is heir to, but of preventing them by the study and correction of their causes.

Giving, as we do, the best years of our

lives to the work of preparing ourselves for the accomplishment of these high aims, we render a service to mankind, for which it is but just that we should be paid,—a great service, for which it is but just that we should be well paid. Hence there is between us and the public, between each physician and those under his care, a business relation; but it behooves us to look well to it that we keep this in its proper and subordinate place. If we are to maintain the high social esteem in which, in this country at least, we stand, it will not be by reason of our indispensableness, the vastness of our knowledge, or the cost of our services; it will be because there is plainly traceable in all our conduct in every relation the influence of a pure and lofty principle, founded upon an unalterable basis. What that basis is, it has been my earnest endeavor to set forth in these desultory remarks.

In concluding, I would offer two suggestions: first, that the Code of Ethics might well undergo some revision, to adapt it to the changed order of things and to make it a more efficient guide for professional conduct; secondly, that it would be an excellent thing to explain this subject to students before graduation, so that they might not assume the duties and responsibilities of practice without some definite idea as to their own rights and the rights of others.

THE INJURIOUS EFFECTS OF THE CONSTANT USE OF BABY-CARRIAGES AND BICYCLES ON THE PHYSICAL DEVELOPMENT OF THE YOUNG.

*Read before the Philadelphia County Medical Society,
November 10, 1880,*

BY HENRY H. SMITH, M.D.

AS the natural attitude assumed by man is that which is most favorable to his locomotion, and as this, contrary to the locomotion of animals, is the erect or vertical position, he holds it, in the exercise of walking, by such muscular efforts as preserve his equilibrium. To accomplish this, he is endowed by nature with two grand classes of muscles (flexors and extensors), each of which, in the state of nature, is capable of antagonizing the other, so as to resist the force of gravity, or the inclination of all bodies to be drawn towards the earth's centre.

In standing, this line of gravity falls perpendicularly on the base that sustains the body, or upon the feet. In sitting, the base of support is the pelvis, the centre of gravity being found between the pubis and the sacrum, the vertebral column being also so arranged by a series of antero-posterior curvatures as to maintain this vertical line through the shape of the various pieces of the column, aided by the varying thickness of the intervertebral cartilages as well as by the posterior and anterior vertebral ligaments. These structures, offering only a partial resistance (as may be shown by attempting, in a ligamentous preparation, to keep the head and spinal column in a vertical position), are greatly aided, indeed, mostly sustained, by the muscles found on the back and front of the column, and especially by such as are connected also with the pelvis; such as the sacro-lumbalis and longissimus dorsi, aided by the spinalis dorsi; or the entire set of muscles sometimes described as the erector spinæ.

In addition to these powerful erector muscles, we find the semi-spinalis dorsi and the multifidus spinæ participating in preserving the equilibrium of the trunk; whilst, from some of the connections of many of them with the ribs, an influence is exercised by their action on respiration and thoracic development.

As the power of every muscle is increased by its exercise, it is an important point in the physical development of children that this fact (muscular action in the erect posture) should be impressed by the physician upon the minds of all who control or direct their physical education, especially in infancy.

Ordinarily, infants preserve two attitudes, one passive, the other active, the latter chiefly contributing to their proper growth. When a child lies down, as it usually does in a baby-carriage *during infancy*, it reposes upon an extended base, and, as the force of gravity is barely felt by it, the muscles of the spine remain nearly at rest. When a child sits up, most of its spinal erector muscles are in action, though varying in intensity. The vertical position, or that in which an infant sits upon its nurse's arm when carried, necessitates a balancing of the head and upper extremities upon the infant's pelvis; with alternate action of the erector spinæ muscles and those of the abdomen that flex the spine by bringing the thorax towards

the pelvis; as well as of those which cause a bending sideways or give the lateral motion to the body, as the quadratus lumborum and psoas magnus muscles. Hence, when a child is carried on the arm, its exercise in preserving its balance or equilibrium prepares its muscles for the more steady action demanded of them subsequently in creeping; or, more especially, in walking.

A child that is carried is therefore being constantly educated or trained in balancing its head and shoulders; whilst the abdominal muscles, which here act as flexors of the spine, also compress the liver and other abdominal viscera and aid the peristaltic action of the bowels, as well as the action of respiration. In addition to this, such infants are sooner able to sit alone, and creep or walk more vigorously, than those who in the continued supine posture of the baby-carriage fail to receive this muscular exercise. With the increased expansion and contraction of the thorax there is also improved respiration and oxygenation of the blood-corpuscles; whilst the waste of tissue that ensues on muscular action creates increased necessity for repair, and we therefore have increased appetite, with improved digestion and nutrition.

The advocates of the use of baby-carriages contend that they are beneficial by keeping an infant longer in the fresh air than can be done when it is carried by a nurse, who soon becomes fatigued.

This is certainly not true in many instances, as a woman who is not strong enough to carry an infant, even if it weighs twenty-five pounds, is physically unfitted for her duty as a nurse. Such an objection is very apt to be raised by the nurses themselves, and should be regarded with suspicion by the mother. Often it is evidence of laziness or a fondness for flirtation or talking, as may be noted at any time in our parks or squares, and especially in Rittenhouse Square, where many nurses of wealthy children can be daily seen amusing themselves by the hour, totally regardless of the infant, who may be likewise seen with its head hanging out over the side of the carriage, so as to compress the veins of the neck and induce a certain degree of congestion of the brain, if it is not found in some equally improper and injurious attitude likely to result in curvature or caries of the spine, the origin or

exciting cause of which it is subsequently difficult to recognize.

Another evil liable to ensue from the constant use of the baby-carriage is the jarring and concussion of the delicate brain and spinal cord of the infant, created by bouncing the carriage over gutters or up and down the curbstones of our side-walks. This evil is quite as serious to the infant as the concussion of the spine alluded to by Mr. Erichsen as the result of railroad-travel, is to the full-grown man; the nervous system of the child being very easily impressed by jars or concussions.

The baby-carriage mania has now reached that point in Philadelphia that an infant and a coach appear to be inseparable, and, though the cost of a baby-carriage is quite an item in the expenses of the nursery, "few there are so poor as not to do it reverence." Of course, it is admitted that there may be instances where the use of a baby-carriage occasionally by a child able to walk a little, or where the carriage permits a poor, tired mother to obtain for herself a little relaxation whilst keeping her baby in its carriage in the Park, or in the case of feeble children or those recuperating from an attack of illness, is advantageous; but, as a general rule, the anatomical and physiological facts just alluded to may be deemed as sufficient to induce physicians to give attention to the abuse of a custom that is by no means the result of necessity in the case of infants or those under twelve months of age.

The use of the baby-carriage is also quite a modern fashion, and mainly consequent on a residence in a large city and a so-called fashionable neighborhood. In the country, a baby-carriage is almost unknown, and the infant is much sooner left to take care of itself on the floor and exercise its own muscles. A few years since, a nurse who was asked to drag or push a baby-carriage would refuse to do so, saying, "Does the likes of yez think I am going to make a horse of meself?" Now, they complain of being expected to *carry* a baby.

In support of these views—viz., the evils liable to result from the continued use of the baby-carriage by infants—I have noted the following facts:

An infant now nine months old has never been allowed to enter a baby carriage, but has taken its exercise out-of-

doors, for several hours at a time, on its nurse's arms. It is now (nine months) able to sit alone; creeps around actively; seldom falls or bumps its head; is bright and observant of everything; creeping to obtain any article that attracts its notice. It has a bright color, nurses and sleeps well, and has had no trouble in teething, its digestion being perfect.

Another child, much larger, and weighing twenty-seven pounds, has been kept constantly in its carriage, this being regarded as an excellent place for it to sleep in during the day. It is at present entirely unable to sit erect, even when aided by pillows; has a feeble digestion, suffering constantly from flatulent colic, and is altogether much more passive in its physical and mental habits than the other child. Both have been suckled.

The question seems, therefore, to be worthy of investigation,—“Whether the constant use of the baby-carriage is not entailing serious injury on infants or those within the year?”—and I have thought it deserving of the notice of the Society.

Some years since, the “baby-jumper,” or a mechanical arrangement by which a child sat astride of a broad band so suspended that its toes could barely touch the ground, was quite the fashion, as it enabled the child to take care of and amuse itself whilst taking exercise by a species of jumping, in which it was aided by the elastic bands from which it was suspended. The development of pes equinus, caused by the constant touching of the earth by the toes as the child strove to obtain its spring, or a change of fashion, soon led to its being given up, so that to many persons it is now a thing unknown.

A somewhat similar deformity is, I fear, likely to be created by the use by young and growing lads of the bicycle, the extreme flexion of the toes to reach the treadle that works the machine causing too much action of the flexors of the toes, as well as of the gastrocnemius and soleus muscles, thus also inducing pes equinus. I will say nothing of the creation of fractures of the radius and other injuries that frequently ensue on falls from the bicycle, as with these all are familiar. If, as is probable, this means of locomotion is with some to supersede the more advantageous exercise of walking, let at least special attention be given to the length of the rider's

leg, and let it be seen that the treadle is not so far from the sole of the foot as to necessitate a constant elevation of the heel in order that the toes and ball of the foot can reach the point of progression.

The subjects to which I have thus briefly invited the attention of the Society are some of those which, though of daily observation and seriously affecting the proper development of the young, have not, as far as I know, been discussed professionally. Sanitarians are, however, beginning to note the effects of these injurious fashions upon children. The *Sanitarian*, of New York City, reprints in a recent number an article from the London *Lancet* on “Children's Hats,” objecting to the senseless fashion of turning up the brim of the hat in Tyrolese or Spanish fashion, so that “infants and little folks of tender years have half-closed eyelids, corrugated brows, and faces screwed up by the glare of the sunshine, from which the brim of the hat, if correctly used, ought to protect them.”

More than one hundred years ago, Addison, in the *Spectator*, said, “The most improper things we commit in the conduct of our lives we are led into by the force of *fashion*,—a prevailing custom making us act against the rules of nature, law, and common sense.” The lapse of time, and the enlightening of our people by the increased facilities of education, do not appear to have materially modified the popular folly against which Addison at that time wrote in England, and *fashion*, not common sense, now, as then, appears to sanction many customs that are contrary to the laws of nature.

In calling attention to the violation of these laws by the public, the medical profession exhibits the humanity and benevolence that is its noblest characteristic, and this Society has shown its appreciation of such duties in establishing a special committee “On Hygiene and the Relation of the Profession to the Public,” as well as by special investigation of the vision of the thousands of children in our public schools, and other similar measures. To discuss, therefore, the evils liable to result from the fashions alluded to in this brief paper, especially as their continuance is liable to impair the symmetry and corporeal activity of the next generation, cannot be regarded as otherwise than a humanitarian action on our part.

LIQUOR ERGOTÆ PURIFICATUS.

BY F. LESSING, M.D.

AT the meeting held by the College of Physicians, October 13, reported in full in the *Times*, I notice that comparatively little credit is bestowed upon the hypodermic use of ergot in hemorrhage incident to parturition. I have had, this summer, two terrific "bleeders," and I assure the profession that the above preparation saved my patients, although the hot injections were used freely.

I cannot recommend the above too highly. It is manufactured by Park, Davis & Co., of Detroit, Michigan; does not create inflammation or abscess; can therefore be used with impunity. In the cases mentioned above I did not count drops, but simply filled my syringe, injecting as near to the uterus as possible.

Again, I may be at liberty to mention the position of those bleeders, which was seemingly very little discussed. I am in the habit of not only elevating the podex well, but also of having their thighs well flexed, so as to give the uterus full *play*-room for contraction. How the Cr  d   method can be so much recommended remains a mystery to me, for heretofore I have not come across a patient who could stand the smallest pressure or manipulation of the uterus without shrieking with pain.

WINONA, MINN., December 21, 1880.

"CR  D  'S METHOD."

BY JOHN W. SNOWDEN, M.D.,

Waterford Works, N.J.

AT the meeting of the Philadelphia County Medical Society held October 13, during the discussion on a paper entitled "Hemorrhage incident to Parturition," Professor Goodell, in allusion to Cr  d  's method of delivering the placenta, said he did not believe this plan had ever been practised by Dr. Atlee or by any one else before it was devised and recommended by Cr  d  ,—at least, such a plan had never been described or published by any other physician.

I know that Dr. Warrington taught this method in 1843 and 1844, as I was a pupil in his "Obstetric Institute" for one year, and was his assistant for a short time before I left Philadelphia.

I have heard him make use of the very same expression as Professor Goodell. He would tell his class to "grasp the uterus in such a way as to squeeze the placenta out, as you would force the stone out of a cherry."

TRANSLATIONS.

DORSAL DISEASE OF THE TOES.—Prof. Dubreuil (*Gaz. M  d. de Paris; La France M  d.*, 1880, p. 673) recently delivered a lecture on the affection to which he has given this name. It begins by the formation and inflammation of a serous sac abnormally developed beneath a bunion which has developed on the dorsal surface of certain toes, ordinarily near the articulation of the first and second phalanges. When no deviation of the toe has taken place, the serous sac does not usually become inflamed, but if the toe is crooked, especially if the apex of the angle formed by the first two phalanges is upward, so that it is exposed to friction and pressure, inflammation takes place and runs through its various stages. The ordinary corn is an accumulation of epithelial cells which penetrate by a sort of root into the derma. In the bunion, on the other hand, epithelial cells are found in the upper part, while lower is the rete Malpighi intact, and lower still a papillar hypertrophy, frequently very marked. Finally, below the derma is a serous sac, situated immediately upon the extensor tendon. Many persons carry a bunion for years in an indolent condition. Some unusual exposure, as in a forced march, may cause inflammation of the serous sac. Effusion takes place, and an abscess forms, which appears on the dorsal surface of the toe. This opens and terminates in a fistula, from which issues a sanious fluid. Whenever the individual takes a long walk this toe becomes tumefied, red, and painful. Rest brings relief. If neglected, the inflammation finally penetrates to the articulation and destroys the cartilage. The prognosis then becomes grave, and disarticulation or amputation may have to be resorted to. As to treatment, when the tumor is indolent the toe should be straightened if in a vicious crook. Inflammation of the sac is to be combated with emollients. Where pus has formed, it must be given vent, and the fistula scarified or cauterized with nitrate of silver to

the bottom of the cavity. If the articular surfaces are involved, disarticulation, or, better, amputation in the continuity of the first phalanx, should be performed.

PHYSIOLOGICAL ACTION OF CONIUM MACULATUM.—At a recent meeting of the Académie des Sciences (*Bull. Gén. de Thérap.*, 1880, p. 365) M. Bouchefontaine alluded to the fact that in 1878 he had, in collaboration with M. Tiryakian, presented a paper on conium maculatum which went to show that hemlock owes its properties to two active constituents,—one, conine or cicutine, paralyzing the central nervous system, the other acting like curara. In 1879 M. Prévost, of Geneva, presented a note to the Academy, in which he considered the bromhydrate of cicutine as a paralyzant of the motor nerves.

Bouchefontaine, by recent experiments, has satisfied himself that conine diminishes or abolishes the physiological properties of the nervous centres before acting, like curara, on the nervo-muscular cement-substance (*substance jonctive*). On the dog and frog this alkaloid always ends by abolishing the nervous excito-mobility if it is given in sufficient quantity, but it is then fatal to batrachians and mammals. Its action is therefore different from that of curara. The effects of the bromhydrates extracted from hemlock in a crystallized condition are as follows:

They are to be divided into two groups. One is composed of amber-colored crystals, is more toxic than the other, acts like conine, and represents the most active principle of hemlock. The other variety of crystals, which are less poisonous, are colorless or of a pearly lustre, and resemble those obtained by Prévost. They act differently, however. As to the comparative action of hemlock and curara, this may be formulated thus: hemlock may act like curara, but it produces, in addition, certain physiological effects not observed in animals to whom curara has been administered.

ACTION OF COLLODION ON THE TEMPERATURE.—Raducasi, in his thesis (*Bull. Gén. de Thérap.*, 1880, vol. xcix. p. 380), comes to the following conclusions. 1. The application of flexible collodion on the central temperature in the physiological condition is variable according to the locality covered. 2. Applications made to the limbs have no influence on the central temperature. 3. If the application is

made over the entire cutaneous surface corresponding to the peritoneum or to the pleuræ, an immediate lowering of the central temperature takes place. 4. The comparison of the action of the application made on a cutaneous surface corresponding to a serous membrane with that produced on a cutaneous surface corresponding with masses of muscular tissue may perhaps explain the therapeutic action of collodion in inflammation. 5. The action of collodion on phlegmasiæ, whatever its nature, is beyond question.

FRACTURE OF THE HUMERUS DEPENDENT UPON MUSCULAR CONTRACTION WITHOUT PREVIOUS DISEASE OF THE BONE.—E. Belajew (*Cbl. f. Chir.*, 1880, p. 720; from a Russian source), having had his attention attracted to Foster's case (see *Medical Times*, No. 334, 1880), reports the case of a school-boy of 15, in whom fracture of the junction of the middle and upper thirds of the humerus had taken place, with slight lateral dislocation of the fragments. The patient enjoyed perfect health, without a trace of rachitis or osteomalacia. He had been playing with his comrades, when, on throwing a metal plate of about a pound weight with all his force, he suddenly felt a cracking in the right shoulder, with severe pain, the arm falling helpless by his side. Under appropriate treatment the fracture united within five weeks.

MEDICINAL USES OF INDIAN HEMP.—Dr. Michel (*Montpellier Méd.; Bull. Gén. de Thérap.*, 1880, p. 380) again calls attention to the value of Indian hemp, particularly in the treatment of uterine affections. He proposes the following formula in metrorrhagia:

R Tincturæ cannabis indicæ, 3ss;

Syrupi simplicis, f3j;

Aquæ ad f3viij.—M.

Sig.—A teaspoonful every five or six hours.

His experience leads to the following conclusions. 1. The action of Indian hemp is double,—excitant in small doses, in larger ones sedative and even hypnotic. 2. Of use in most nervous affections, it is particularly valuable in chorea, tetanus, certain cases of mental alienation, delirium tremens, and neuralgia. 3. The muscular tissue of the uterus is particularly sensitive to its influence; metrorrhagia is stopped by it, and the uterine contractions so increased that it might be substituted for ergot.

LOCAL ANÆSTHESIA BY BROMIDE OF ETHYL.—Terrillon (*Bull. Gén. de Thérap.*, tome xcvi. No. 7) prefers this anæsthetic to ether for local use, (1) because it can be used without danger after dark, being non-inflammable; (2) it has a very slight odor; (3) less is needed than when ether is used; (4) the wound is not irritated, and the pain after anæsthetization is less marked; (5) no ice-crust forms on the frozen spot; (6) the thermo-cautery can be used with ease in bromide-of-ethyl spray.

The tissues become frozen after two to three minutes. By the thermometer, the temperature falls at the same time to 15°. Bromide of ethyl has a specific gravity of 1.40, boils at 40.7° C. (105.2° F.), is easy to prepare, and very stable. Terrillon has used it in numerous cases with the best results.

POISONING BY THE SEEDS OF THE RICINUS COMMUNIS.—M. Lugeol (*Bord. Méd.; Bull. Gén. de Thérap.*, 1880, p. 431) calls attention to the danger of poisoning by the seeds of the ricinus. These, he says, are of an agreeable taste. A woman took, at three o'clock in the afternoon, six seeds. In the middle of the night she was awakened by vomiting, with violent colic, accompanied by choleric diarrhoea. The symptoms were exactly those of an attack of cholera morbus,—eyes sunken, pulse feeble, cold skin, muscular cramps, with extreme pain. The patient was given alcohol and acetate of ammonia, while hot applications were made externally. She recovered.

MENSTRUATION AT SEVEN MONTHS.—Dr. Cortejarena (*El Siglo Médico; Le Réveil Médical*, 1880, p. 202) reports the case of a child who menstruated regularly at seven months. At twenty-eight months it seemed, by its rounded figure and turgescient mammæ,—as large as citrons,—its well-developed vulva and clitoris, to resemble a little woman. There was nothing in the mental or moral development of the child corresponding to this precocious physical evolution.

PHOSPHATE OF BISMUTH AS A SUBSTITUTE FOR THE SUBNITRATE.—Dr. Tedenat (*Union Pharmaceutique*) prefers the phosphate of bismuth to the subnitrate. The anti-diarrhoeic effect of the phosphate is exercised in the same manner as that of the subnitrate, but it may be given in smaller doses, one to two grammes (15–30 grains) as a general thing. It is administered in the same way as the subnitrate,

either in powder, in suspension, or in pastils.

NERVE-STRETCHING IN SCIATICA.—Hildebrandt, in the case of a woman of 32, the victim of sciatica, laid bare the ischiatic nerve in the popliteal space, and stretched it in both directions as far as possible six times. The pain ceased immediately, and did not return. In a second case, where a young man suffered with stiffness in the right finger, with pain, following a thorough wetting, the brachial plexus was stretched, with the result of a perfect cure.

OINTMENT FOR THE CHRONIC AND SUB-ACUTE PAINS OF GOUT AND RHEUMATISM.—Dr. Lenoble suggests the following formula: Caoutchouc (finely cut), myrrh, canella, and salicylate of sodium, of each ten grammes (one hundred and sixty grains); sufficient essence of turpentine to bring to a fluid consistence. The joints to be rubbed thrice daily, and covered with raw cotton.

PROLAPSE OF THE VAGINA IN THE VIRGIN.—Dr. Guillermet (*Four. Méd. de l'Ouest; Le Réveil Médical*, 1880, p. 119) reports the case of a girl of 18 frequently affected with prolapse of the rectum, who, after an invalid infancy, had begun to menstruate at fourteen. One day, after long and severe efforts at defecation, she found a tumor between the thighs, which, on examination, appeared the size of two fists, of a vinous color, large at the bottom and narrow towards the vulva, confined by a constricting ring. A sort of strangulation had taken place, with oedema. In the centre an orifice with radiating folds permitted the introduction of the finger, which, however, failed to find the cervix uteri. The reduction of this tumor was a matter of some difficulty, but was accomplished. A month later the hymen was found intact, its opening in the form of a longitudinal slit. The vulvar ring was firm and tight. No prospect of relapse.

The prolapse of the vagina without involvement of the uterus is very rare. In the case of this young girl it was due to predisposing feebleness of constitution, habitual constipation, and efforts at defecation. In another case quoted, the uterus also was involved. The patient, although a virgin, showed relaxation of the vulvar ring. Cure was effected by excision and suture of a portion of the anterior vaginal wall.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JANUARY 15, 1881.

EDITORIAL.

SURGICAL MALPRACTICE-SUITS.

TWO very curious legal cases have recently occurred which threaten to add to the difficulties or perils that already environ the work of the surgeon, and require that attention should be directed to them. The full details of the New York case may be found in the *Medical Record* of December 15, but the essential features can be stated in a few words.

Dr. Noyes was operating upon the right eye of a patient suffering from double cataract, when he found that the pupil was so blocked up by an intraocular membrane or growth that no good would result. Without arousing the man from his anæsthesia, the surgeon then operated upon the left eye, ceasing from his efforts upon the right. The result was bad, and the patient sued, basing his claim for ten thousand dollars damage upon the fact that he had only consented to have his right eye operated upon.

All the lawyers seemed to agree in the opinion that if no consent is given to an operation the surgeon is liable; but the point to be decided was how explicit that consent must be. It is absurd to deny a surgeon the right to modify his operation when he finds unexpected difficulties; but it is also plain that careful men will hereafter get the consent of patients to do what may seem best to be done whilst the operation is going on.

We have not seen the charge of the judge, but the *Record* says,—

"Judge Russell stated in his charge that he could find no records of a similar case; that it was an extraordinary one, in that it brought up the question as to what constituted legal permission,—whether or no there was reasonable ground for the doctor to assume that his proposition was consented to.

But the point in law which has perhaps as much importance to the surgeon as any other brought out by his honor is the charge that the patient, under the excitement of an impending operation, was not competent to revoke any authority previously given regarding the character or extent of the operation. The jury disagreed, but brought in a verdict of ten to two in favor of the defendant."

The second case is reported in the *London Medical Times and Gazette* for December 11. In it a servant-girl was suspected by her mistress of being *enceinte*. A medical man was sent for, and the girl examined. She afterwards sued both mistress and doctor for assault and battery. The case was argued several times, elicited antagonistic rulings from different judges, and resulted in a non-suit in favor of the mistress and acquittal by a jury of the doctor. The patient swore she did not consent, but the jury seemingly did not believe her. As one of the judges ruled that "a submission to what was done, obtained through a belief that she was bound to obey her master and mistress, or a consent obtained through fear of evil consequences to arise to herself, induced by her master's or mistress's words or conduct, was not sufficient," explorations of the purity of servant-girls would seem to be even more risky than the practice of medicine.

WE have received from the publisher, Mr. Theodor Fischer, of Cassel, Germany, copies of Dr. Paul Börners Reich's "*Medicinal Kalender*" for 1880 and 1881, a work of whose existence we must confess to previous ignorance. The first part of these calendars is a pocket-book similar in its scope to an American visiting-list, but of a ponderosity befitting the heavy intellectual and muscular development of sons of the Vaterland. The second volume is that which will most interest foreigners. It is really a complete directory of the physicians of Germany, including such information as usually finds place in our medical directories. The medical faculties receive due notice; the royal family is not slighted; the various local

and general laws regulating the profession are analyzed; schedules of fee-bills abound; medical and scientific societies, with their presidents and secretaries, are tabulated; and the medical *personnel* of the great German army is fully considered. Each book contains such a mint of information that we shall place them in the library of the College of Physicians, where those who desire may find them.

CORRESPONDENCE.

LONDON LETTER.

THE subject of the dispute at Guy's Hospital still occupies the attention of the profession, and any practical solution of it seems still shrouded as much as ever from sight. The senior physician, Dr. Habershon, and the senior surgeon, Mr. Cooper Foster, have resigned their posts, after many long years of service in connection with the institution. What effect this step will have upon the contending parties it is not easy to say. The lay governors show no signs of giving way; the medical staff are "solid;" so what the issue will be will reveal itself in time. It appears that at one time the committee contained several medical men; but how their places were filled up by laymen, instead of by other medical men, probably involves obscure petty politics in the past, and suggests "ways that are dark," if not "tricks that are vain," judged by their outcomes as manifested in the present imbroglio. It is that want of loyalty to their profession manifested by certain members of it which leads to troublesome consequences in time. No doubt in this case certain medical men were kept out of the committee by intrigue, and laymen put in instead, until the medical element ousted itself entirely. They have sown the wind, and we are reaping the whirlwind. And there appear sundry unmistakable evidences that the profession is about to go through a time of trial and probation, and we trust of purgation, until its rightful position is accorded to it; but it must do something to see that it does not so frequently allow men of second-rate ability to get into prominent places where only the very best men in the profession should be found, nor make its selections for wealth, urbanity, or perhaps, sometimes, for capacity for intrigue, instead of sterling merit, in the future. The nursing sisterhoods are apparently determined to make a desperate struggle with the profession for the confidence of the public; and it must be admitted that the pro-

fession does not occupy that commanding "position" which its friends could wish to see it hold. Humanity has an impression that above all things doctors should be healers; that when one sends for a medical man one should hope to get some good therefrom. It was all very well for the vanity of Mr. Borthrop Trumbull to be tickled by the examination of his "secretions;" but this brilliant sketch by George Eliot, in "Middlemarch," has brought vividly into prominence the "do-nothing" phase through which medicine has just been passing. Homœopathy fired a volley over the grave of "heroic treatment," and the echo resounded far and wide through the public mind, and only was lost at last in the rejoicings which announced the birth of a phase of "expectant treatment" the essence of which was "to let the patient alone." Doubtless in acute disease an advantage has been gained as regards a large proportion of the profession,—viz., those who act without careful thought,—and the present fashion is less homicidal than the heroic treatment in unskilful hands. But the balance has swung too far in the opposite direction, and medicine has been emasculated to a great extent, and practically stands in its present contest with the energetic sisterhoods like a eunuch fighting an Amazon. However objectionable to some men this simile may be, it does not unfairly represent the condition of the two contestants in the present warfare. Propositions as to what is to be done are plentiful: petition Parliament; invoke the aid of the British Medical Association; enlist the active sympathies of the journals, etc., etc. It is somewhat ominous that the enterprising editor of the *British Medical Journal* maintains his present attitude in the matter.

However, to turn to a more pleasant subject for the thought of a medical man, Dr. Ferrier, F.R.S., recently read a paper before the Harveian Society on "Tumor of the Cerebellum." All are aware how much Dr. Ferrier has contributed to the recent advance in our knowledge of the brain, and our improvement in the diagnosis of cerebral disease from our acquaintance with the functions of various areas; and the diagnosis made in the present case, and borne out by the post-mortem examination, illustrates this famously. A man of middle age first began to feel giddy; this grew more marked, and he began to "heave" to the left side, giving beholders the impression that he was intoxicated. Then came on some dimness of vision, most marked in the left eye. Then came on pain in the occipital region, intensified when he lay on his left side in bed. After that his speech became thick; then followed deafness in the left ear. Such was the order of the head-symptoms. The autopsy revealed a tumor "of the size and shape of a hen's egg, concealing the under surface of the left lobe of the cerebellum, and causing a divergence of the pons Varolii and

medulla in a curve towards the right. On lifting the tumor, the left side of the pons was seen to be hollowed out and compressed towards the right side, and the left middle cerebellar peduncle appeared flattened and drawn out, following the left lobe upwards and backwards. The region pressed on included the roots of the fifth nerve anteriorly. The sixth, slightly displaced, was free from compression, and visible at the inner margin of the tumor. The seventh, eighth, and ninth lay in the centre of the hollow made by the tumor, and were displaced upwards, but there was no solution of continuity of the nerves. The roots of the hypoglossal nerve were flattened against the olivary body and lateral tracts. Situated in the angle formed by the pons, medulla, and flocculus, and concealing the origins of the seventh and eighth nerves, was a small tumor of the size of a cob-nut, which, however, had not caused any evident indentation of the parts on which it lay. The roots of the nerves were distinct. The fifth, sixth, and ninth nerves were entirely out of the region of pressure on this side." Such were the relations of the tumor.

The following are abstracts from the remarks of the doctor upon the case; but, as his work is always condensed to the utmost extent compatible with absolute accuracy of diction, any one wishing to make notes of the case had better consult the paper in the *British Medical Journal* for December 11, 1880. There were some small nodules on the surface of the cerebral hemispheres, but they were "unimportant," diagnostically, compared with the large tumor under the cerebellum, and probably they only appeared late on in the case. Occipital headache is common with cerebellar tumors: percussion over the painful area is diagnostically valuable. The pressure on the nerves gave precision to the diagnosis: thus, taste was abolished only in the anterior two-thirds of the tongue, the region supplied by the gustatory branch of the fifth, while the region of the glossopharyngeal still retained its functions. Thus, too, the total deafness of the right ear was a difficulty cleared up by the discovery of the second and smaller tumor. Then the deafness, without corresponding diminution of the function of the portio dura, is to be explained by two matters. 1. The more specialized a function, the more it suffers from lesion of its nerves and nerve-centres. The highly-specialized sense of hearing is abolished before the functions of the facial nerve are perceptibly impaired. Then the portio mollis is more readily compressed than the portio dura, as their names would suggest. Two symptoms specially characteristic of cerebellar disease were well marked in this case,—viz., vertigo and unstable equilibration, both as regards station and locomotion,—or perhaps rather vertigo with unstable equilibrium. When found together, these are very suggestive. The eyes

being open or shut made no difference in this case over healthy individuals. The matter of "cerebellar reel" is, Dr. Ferrier thinks, of more importance than is generally accredited. The direction of the reel is still less studied, yet in this case it pointed to the disease being in the left lobe of the cerebellum more particularly. The cerebellar lobes are in relation especially with their own side of the body, and regulate the motor adjustments necessary for equilibration more particularly on their own side. It is known experimentally that one cerebral lobe may perform the work usually carried on by two, but in the case of the cerebellum this is not yet ascertained. The general compression of the cerebellum enfeebled the right lobe, and so clouded the symptoms. In the diagnosis of cerebellar disease in its early stages it is well to investigate the matter of equilibration very thoroughly. When the disease is advanced, it may be enough to ask the patient to stand or walk and the impairment is revealed; but in the early stages it is necessary to test the patient by measures which task the powers of equilibration more severely, such as standing first on one leg and then on the other. By such means impairment of the more difficult actions tells of commencing disease, while the more ordinary movements can still be performed so well as to create no suspicion. This tracking down of disease of the contents of the encephalon by means of our knowledge of the functions of different areas is one of the practical outcomes of our experimental inquiries which promise in time to lead to operative procedures for the removal of morbid growths within the skull, while the success of the antiseptic system in the treatment of deliberate injuries to them renders such operative measures perfectly safe as regards their justifiableness from a moral point of view. Rash as such a proceeding would have seemed to such a surgeon as the late William James Syme, whose death is still fresh in the memories of those who were familiar with him—in his swallow-tail, black continuations and waistcoat, with a black or black-and-white silk tie—and his fierce antipathies, and his advocacy of antiseptic surgery against Professor Simpson's acupressure, a few years have worked a wonderful change in these matters. And what betwixt our increasing knowledge of what the brain and its coverings will tolerate if carefully manipulated, and the excellent results of the antiseptic treatment of surgical injuries to it, lately ascertained experimentally by Professors Gerald Yeo and Ferrier, it is not very rash to say that it seems probable enough that in five years tumors within the skull will be diagnostically localized and then removed, with—well, we will see in time with what results.

The peritoneum used to be a terrible bug-bear to the surgeons of the past, while the performers of ovariectomy at the present time

scarcely take it into consideration, it has become so tolerant of injury. Indeed, the serous membranes seem to have taken on quite a new attribute—one of forbearance—at present. Rheumatic fever used to hold on week after week, and even month after month, while nowadays it takes itself off almost at the first summons; and if it were not for the practice of getting the patients up too soon, and so keeping up inflammation in the cardiac valves, even the resultant heart-changes would become comparatively rare. Consequently, when growing so pacific in the abdomen and the thorax, there seem grounds for trusting that even in the encephalon the serous membranes will allow surgeons (who treat them with proper deference) to manipulate them upon occasion without too fiercely resenting their procedures.

It is now exactly a year since I was the object of much execration and some correspondence in a prominent medical journal for my remarks upon the social position of the profession and of doctors' wives. In the correspondence it was pointed out by Dr. Norman Kerr, of teetotal notoriety, that the social position of medical men in Scotland and in Ireland was far superior to that accorded to their English brethren; and as this was not called in question, at least by anything which appeared in print, it might be assumed to represent the state of matters fairly. Well, let us see what appears in a leader in the *Medical Press and Circular* for December 8. It appears therefrom that a medical man, a graduate of the University of Edinburgh, once a clinical clerk in the famous Royal Infirmary there, a man who has held several excellent appointments in different parts of Great Britain, a contributor of a number of articles to our leading medical journals, therefore a man who works at his profession, and a man who has held a good social position, and who is presumably a gentleman,—it appears that this medical man, for reasons of his own, settled in the Isle of Skye. Now, this man was a very good specimen of the country practitioner, from his antecedents. The distances to be traversed in the Isle of Skye are great, and the roads are rough and uneven; and the doctor had returned from a twenty-mile journey, when he found a message for him to go to Armadale Castle, seven miles away. He had only one horse, and the brute was so exhausted he could not be taken out again (there is no account given as to whether the man was weary or not). So, as nothing was said as to the case being urgent, the doctor postponed the visit till the next morning, and on arriving at his destination found the case one of toothache in a visitor,—one of the gentler sex. An explanation was tendered, something was prescribed, and on the following visit, made a couple of days later, all was well. Still, the medical gentleman was not invited to enter the house

or thanked for his courtesy in making this call.

But the matter did not stop there by any means, and the offence, if offence it could be termed, was punished by very serious measures. A few days later the attempt was successfully made to deprive the doctor of his parochial appointment,—the *pièce de résistance* in a country doctor's bill of fare,—on the ground that he was remiss in the discharge of his duties. A letter asking for some explanation was tendered to the peer at Armadale Castle, couched in the most respectful language, and in answer he was told "that the members of the board were all of one opinion, that he would not do as medical officer for that parish." The doctor's wife then wrote to Lady Macdonald as follows, and the terms of the letter speak for themselves:

"We fitted here scarcely eighteen months ago, and now, greatly through some misunderstanding, we are again on the eve of being compelled to remove out of the situation the duties of which we tried to fulfil to the best of our ability. I appeal to your ladyship's well-known amiability and kindness of heart to use your influence in our behalf, or at least to let us know how we have merited the withdrawal of your support."

This seemed a very fair and reasonable request, entitled, on its merits, to a courteous reply at least. "Lady Macdonald is very sorry she cannot help Mrs. Jefferiss about her husband's dismissal." This was the answer of the peeress to the country doctor's wife!

The next insult offered to the doctor was that of abridging the period which ought to elapse before his appointment should expire after his resignation. This is a device which is agreeable to some minds; and it is within my personal knowledge that a member of a committee of a public institution could get access to the check (signed but not filled up, in order to allow of the outgoing medical man arranging with his successor) and on his own responsibility fill it up; so that if the outgoing man remained any longer at his post he would work for nothing or have ten times more bother to get any recompense than the sum would be worth. This form of insult recommends itself to some minds.

Then followed a very substantial injury. The factor of the incensed peer wrote to the doctor as follows:

"I have to intimate to you that the subscription which you have hitherto been receiving from Lord Macdonald as medical attendant at Armadale will now cease. I have also to intimate to you that if you insist on continuing to occupy the house at Isle Ornsay, which Lord Macdonald has hitherto allowed you free of rent during his lordship's pleasure, you will require to pay rent at the rate of fifty-two pounds per annum,"—a pound a week fine, in fact!

Now, this was dated October 2, and between

this date and Whitsunday, 1881, there intervened two hundred and ninety-nine days (inclusive); consequently the doctor would have to pay forty-two pounds fifteen shillings for his residence—probably the only available one—if he kept his appointment, which is put down at seventy pounds and sixpence a year. There was going to be very little left for him out of his appointment, and he had already been deprived of the "subscription from Armadale Castle."

Whatever may be the social position of the English medical man, he cannot be deprived of his parochial appointment without the sanction of the Local Government Board, which sees that the doctor has a chance of a defence; so that, if ill used, he gets what may be termed "lawful ill usage." But it seems the parochial surgeons of Scotland have no such protection against local malice. Such, then, is the treatment a rural doctor and his wife receive when they chance to offend the local potentate. Comment on my part is as unnecessary as uncalled for; but I venture to think that what I stated last year is quite vindicated by this incident,—at least, to unprejudiced and dispassionate minds.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting of the Society was held at the hall of the College of Physicians, Philadelphia, October 10, 1880, Dr. Albert H. Smith, President of the Society, in the chair. Dr. John H. Packard read a communication entitled "On some Points in Medical Ethics" (see p. 231).

Dr. George H. Hamilton said that this was both an extremely interesting and important subject. The observance of the Code of Ethics is less careful than it should be, and breaches of the Golden Rule seem to be continually on the increase in the intercourse of physicians, and they are now at least five times as frequent as formerly. It is therefore important that some measures should, if possible, be taken by this Society and the State Society and the American Medical Association to correct this growing evil. When the American Medical Association was formed, two of the main objects in view were the improvement of preliminary education prior to attendance upon lectures, and to raise the standard of medical teaching. This has been urged at nearly every one of its meetings, and yet it is notorious that there are far fewer educated persons now in proportion to the whole number of the profession than there were thirty or forty years ago. May we not hope that some stringent measures may be devised more successful in effect than those

whose purpose was to improve general education preliminary to the study of medicine?

Dr. Ludlow pointed out the danger of consulting with certain men who afterwards try to supplant the regular medical attendant, and recommended reprisals where this had been done.

Dr. Frank Woodbury said that the paper was timely and discussed subjects that deserved the serious attention of every member of the Society. A change had evidently taken place within the last twenty-five or thirty years in the practice of medicine: the specialist, as noticed by the lecturer, instead of being considered as little better than a charlatan, now occupies a prominent place in the profession, and in many cases deservedly so, as specialism has contributed greatly to the spread of knowledge in several departments of practical medicine. Of late years, however, another and less advantageous change has been gradually taking place that has a decided bearing upon medical ethics and demands investigation. A body of men now entering the profession in order to combine it with pharmacy have apparently little regard for the Code of Ethics, expecting to practise medicine on a par and in competition with other physicians, while still engaged in the sale of patent medicines, homœopathic specifics, and nostrums of all kinds, often being willing to give their advice free for the sake of the profit on the sale of these medicines. This present and prospective degradation of medical practice is all the more to be feared because many of our colleges offer special advantages to druggists to graduate in medicine. As there is a large number of such physician-druggists in Philadelphia already, and their number is steadily increasing, the speaker urged the members to give the subject special thought, in order that some decisive action might be taken by the Society at an early date.

Dr. Packard, in conclusion, said that in the paper he had read he did not pretend to cover the one-hundredth part of the questions which might be brought up for discussion in connection with the Code of Ethics: he had merely attempted to deal with a few points that had struck him from time to time in the course of practice. From some things that had been said in reply, he feared that his meaning had been entirely misunderstood. The question of a few paltry dollars more or less, or whether the case be one of a poor person or a millionaire, should not influence the consultant in regard to his duty. What he had sought to urge was that the case is different when a physician introduces a consultant and when the family select him. A consultant should never indicate by word or look any want of confidence in his brother practitioner: if he does so, he violates the Code of Ethics, and his conscience will tell him that he has injured his fellow-physician. This does not prevent the proper and courteous

expression of individual opinion. In reply to a statement, he said that he did not know what would become of our ethics if one physician should be thought justified in stealing another's patient because he thought that he had been wronged by him. This would amount simply to adopting the lowest instead of the highest standard of conduct. Two wrongs will never make a right; and the *lex talionis* will never serve as a basis for a sound Code.

He closed by again urging the importance of the adoption of a high principle of action, and the maintenance of it by members of the profession in their intercourse with one another and with their patients.

Dr. Henry H. Smith read a communication on "The Injurious Effects of the Constant Use of Baby-Carriages and Bicycles on the Physical Development of the Young" (see page 235).

Dr. M. O'Hara said that the subject of the care of young infants is a most important one, and if the observations of the lecturer are well founded the use of the baby-carriage is to be condemned. He believed, however, that some of the evils referred to, such as bumping over gutters and neglect of the comfort of the infant, could be overcome by having a proper nurse. The better class of carriages are so well provided with springs as to prevent jarring the child. The baby-carriage is of great convenience, especially at the sea-shore, as it enables the child to spend much more of the time in the open air than it would if it had to be carried; the child can in this way sleep with comfort in the open air, which is very desirable in some cases of illness. Babies are not kept in the baby-carriage all the time, but are taken out when they get home, and are then carried around or play on the floor of the nursery: so that their development need not be interfered with. He had used the baby-carriage for years in his own family, and expected to continue to use it, as he had not seen any bad results upon his children from its use.

Dr. Benjamin Lee, in spite of the objections which had been urged, still retained his respect for the baby-carriage, and believed that the posture in which the young infant is placed in the carriage is possibly better than that which it is made to assume when carried in the nurse's arms. In the carriage the child lies upon pillows in a semi-recumbent posture, with the two sides of the body equally and symmetrically supported; whereas if the nurse is stronger in one arm than the other,—and what nurse is not?—the child lies constantly in a distorted position, laying the foundation for a spinal curvature. He thought that the lecturer underrated the amount of force required to carry a baby: in his own family he had noticed that a large baby requires considerable strength, and after carrying the child for a short time he became fatigued, though,

in truth, both the nurse and the mother could carry it longer than he could himself.

The point referred to by the lecturer—that the baby is sometimes kept out in the carriage for many hours and allowed to sleep in it—is an advantage rather than an objection: although they do not use their spinal muscles at the time, they are drinking in health and vigor with the fresh air, to use them after they return home, when they are held in the lap or carried on the arm and are thus obliged to make frequent use of the erector spinæ mass of muscles.

Referring to the supposed analogy between railroad concussion and the jolting of baby-carriages, he said that it should be remembered that railroad conductors and trainmen are constantly on their feet and the passenger is sitting erect,—the impulse is thus carried along the spinal column to the base of the brain,—but the infant is lying recumbent, and in a carriage well provided with springs the brain and spinal column are not subject to special movement, and an occasional jolt can be only of slight, if any, importance. The other observation—in regard to the possible connection between club-foot and bicycles—he considered as important and deserving of careful observation.

Dr. W. R. D. Blackwood noticed the frequency of gutters in Philadelphia, which he had often observed in its relation to baby-carriages as careless nurses bounce the babies over them. He had had his attention drawn to the neglect of children by nurses in the public squares, as they are not always minding the baby when out with the child in its carriage. While the nurse is gossiping, the baby is often hanging with its head out of the carriage in the full blaze of the sun, getting ready for an attack of cerebral congestion or meningitis. The strap that runs across in front of the baby to hold it up becomes soon twisted into a rope stretched tightly across the baby's abdomen: so that in going over the gutters the child's head first bounces forward and then backward against the back of the coach in a most idiotic manner, forming the picture of misery and an object of profound sympathy. He thought that it was not necessary for a child under seven months of age to ride in a baby-carriage, and would much prefer the old-fashioned method of giving it an airing in the nurse's arms.

A number of fractures had come to his notice caused by bicycle accidents. He had noticed that the bicycle had been recommended by physicians both as a means of exercise and as a method of transit in country practice. Some English physicians, after using this means of conveyance for several months, have abandoned it. When used in the city on the cobble-stones there must be considerable concussion of the spine, which would be much less in a country district over smooth roads.

Dr. Benjamin Lee said that Dr. Maxwell, of

Wilmington, Delaware, in a conversation upon the subject, had informed him that he had noticed in cholera infantum and summer diarrhoea, that when the little patients had been taken out for a drive in the country with a view of giving them fresh air, they would be brought home very much worse, and sometimes in a fatal state of collapse. He thought that very often in cities, in similar cases, the use of the baby-carriage might result in fatal aggravation of the disease.

Dr. Charles B. Nancrede said that, as regards the shock and concussion of the spinal cord, the members appear to have overlooked the fact that the liability to shock is much less often up to even the twenty-fifth year of age than it is after this time. Owen pointed out many years ago that the epiphyses of the skeleton had the function of preventing concussion of the nervous centres; and many of these epiphyses are not consolidated until maturity. The consolidation of the bones of the skull into what is practically a single bone is also delayed until considerably after puberty. He believed that the results of the motions of the baby-carriage upon the nervous system were much less than had been stated.

The analogy between the baby-jumper and the bicycle is not a true one, on account of the difference in the position of the toes. In the former the toes are directed constantly downwards, the foot being strongly extended; in using the bicycle the toes become the fulcrum, and both the flexor and the extensor muscles are alternately brought into action. Moreover, the results could not be compared, because the boy walks between the times of using the bicycle. The reason that the baby-jumper has such a bad effect is that the bones are not sufficiently ossified to prevent their distortion being effected by the abnormal position of the foot, produced by the constant pull of the contracted muscles; but in a boy of twelve or more years the compensating action of the muscles would generally be sufficient to prevent trouble.

Dr. John H. Packard spoke of his son, who when an infant had tenotomy performed upon him for varus. Last summer, having several times used a bicycle that was too large for him, though only for two days, it was noticed that there was contraction of the plantaris muscle and fascia, causing him to walk on the toe. In all probability it will be necessary to divide the plantar fascia at least, in order to overcome this deformity.

Dr. Henry H. Smith, in concluding the debate, said that he had introduced this subject to the consideration of the Society in order to excite discussion and call out the experience of other members of the Society, and he had been gratified to find that so little had been said in opposition to the opinion expressed in his paper, especially as the recumbent posture of a child in a baby-carriage cannot be sustained by hygienic laws. The upright posture

in the nurse's arms favors the action of all the muscles of the back, as well as those of respiration, and therefore the oxygenation of the blood is more perfect. When lying down, and especially when sleeping in the carriage, the motions of the thorax are, as is well known, less frequent, and less oxygen is therefore introduced into the system. Another point in favor of the opinions expressed by one of the speakers in this paper was mentioned in this discussion,—viz., that babies suffering from diarrhoea were injured by riding in a carriage: certainly such shaking and concussion of the viscera does not take place in the nurse's arms. The statement of another speaker—that concussion of the brain and spine cannot readily occur in the carriage, owing to the epiphyses of the bones relieving the spinal cord from concussion—applies only to the upright position of the child when carried or walking, and not to the recumbent posture which it is made to assume when sitting or lying down in the baby-carriage. Even when a child sits up in the carriage it is not so well off as it is on the nurse's arm; and this was shown in the greater activity of that child reported in the paper. Unless the child's muscles are systematically and proportionately exercised, it cannot become as vigorous as it otherwise would when better trained for muscular development.

On motion, a vote of thanks was tendered to Prof. Smith for his interesting communication.

NATURAL VENTILATION AND CONTAGIOUS DISEASES.

Dr. John H. Packard detailed some experiments that he had witnessed recently in New York, showing the passage of gases through solid stone, as in the well-known experiment of Pettenkofer, illuminating gas being forced through a piece of granite simply by the pressure from the meter: it issued in a full stream on the other side so that it could burn with a steady flame. This has a direct bearing upon the spread of infectious diseases; for if the poison passes into the wall there is less to be expected from lime-washing or papering its surface in preventing further outbreaks of a zymotic disease. He also related an instance where a closet in a room persistently retained the odor originally issuing from a case of cancer, although after the death of the patient every precaution had been taken to obtain cleanliness and fresh lime-wash had been applied several times.

Dr. Cleeman did not think that the conclusion in regard to zymotic disease was warranted by the experiment, as there is no evidence offered of the passage of solid particles, but only of gas.

Dr. Perkins mentioned the fact that the odor of a skunk killed in the house was distinctly perceived in an adjoining room,

through a solid wall of masonry two and a half feet thick, within fifteen minutes after the animal had been killed, and remained for at least two years.

Dr. Benj. Lee differed from Dr. Cleeman as regards the inability of solids to pass through masonry. Water passes through walls generally, and, according to Pettenkofer, when the walls are tight they are damp, and a dry house is one where the vapor generated in the house can pass through the walls.

Dr. Nancrede said that gases will pass through brick without any extra pressure being required (Carpenter's "Physiology").

Dr. Cleeman in reply pointed out the fact that the particles of organic matter are not in the same state as watery vapor; gases and liquids readily diffuse, but solids do not.

RED PERSPIRATION IN THE AXILLA.

Dr. Benj. Lee presented a specimen of a peculiar condition of the hairs of the axilla. The patient, a young lady of twenty-five years, had been under treatment for ankylosis of the spine following caries. The general health was good. She called Dr. Lee's attention to the fact that her underwear was much stained in the axillæ by a red perspiration, and upon examining the axilla he found the hairs sparse, stiff, clubbed, and containing red deposits upon them. The habits of the patient were cleanly; no pediculi. The hairs contained no spores, as suggested by Dr. Key, but showed a clear reddish-brown substance irregularly deposited upon them in gum-like lumps. Spore-like bodies were afterwards found, but it was supposed that they were extraneous in their origin.

A communication was presented upon this peculiar condition, during the early part of the present year, by Dr. Axel Key, to the Swedish Medical Society, who described it as follows: "Small, thin, glistening lamellæ, of a pale yellow hue, which soon formed small globular elevations of homogeneous appearance in the main, but with numerous imbedded small glistening spores. The flakes seemed to lie in part on the surface of the hair; in part and predominantly the vegetation pressed in between the outer layers of the epidermic plates of the hair, giving the latter a roughened appearance. No mycelium was discovered."

Two or three similar cases have since been reported in American journals, but no satisfactory explanation of the phenomenon has been suggested.

MR. LAWSON TAIT says that sponge-tents charged each with five-per-cent. solution of oil of cloves will remain in the uterus twenty-four hours without becoming in the least offensive in smell. Other disinfectants do not produce the same result. He also considers sponge-tents safer than the sea-tangle tents for general use.

REVIEWS AND BOOK NOTICES.

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By ALBERT H. BUCK, M.D., New York City, Aural Surgeon to the New York Eye and Ear Infirmary, etc., etc.

The author in his preface makes the statement that he has endeavored to present, in text-book form, a picture of diseases of the ear as they have appeared to him in private and hospital practice, and that in the main he has followed closely the plan of using only the material stored up in his own case-books, and of describing only those methods of treatment which he has tested and found safe and efficient. A work written on such a plan could not be expected to be an exhaustive treatise, but what it lacks in this respect it makes up in practical value, as it is most truly a practical work on ear diseases.

The chapter devoted to diseases of the middle ear (purulent form) and diseases of the mastoid process are especially valuable. A large number of illustrative cases are quoted and details of treatment given, and the entire subject is worked up in the manner that its importance requires.

A careful review of this book quite justifies the statement that it is by far the best work on this subject that has as yet appeared; and it is most creditable that an American should be its author.

G. S.

CLINICAL LECTURES AND CASES, WITH COMMENTARIES. By HENRY THOMPSON, M.D., Consulting Physician to the Middlesex Hospital. 8vo, pp. 197. London, J. & A. Churchill, 1880.

Most of the lectures and reports of cases which are contained in this book have already been published in various of the medical periodicals of England, and are therefore presumably more or less known to many of our readers: indeed, many of the subjects treated of are hardly those which a lecturer would specially choose for discussion at the present time, however appropriate they may have been for that purpose ten years ago. For instance, the subject of cerebral rheumatism excited much more interest in 1871 than it does now, when its phenomena and pathology are much better understood.

The author, while admitting that an elevated temperature in cases of cerebral rheumatism is an element of danger, very stoutly contends that it is not the cause of the nervous symptoms, as he says that these very often precede in point of time the hyperpyrexia, and are often present when the temperature does not rise beyond 100°. He nevertheless insists upon the necessity of reducing the temperature when abnormally high, and does not hesitate to recommend the cold bath even in cases complicated with acute bronchitis or pneumonia, asserting that he has never seen any harm result from its use. The term

"cerebral" must, we suppose, continue to be employed to characterize these cases, although it is open to the objection that it tends to perpetuate the error which attributed the symptoms to inflammation of the membranes of the brain, which experience has shown to be rarely, if ever, present. The word "typhoid" has been used, but, although suitable in many cases, would hardly be appropriate in those in which the symptoms assume an almost maniacal violence.

The author also reports, with explanatory remarks, three interesting cases of intracranial abscess which supervened upon otitis, and shows very clearly the connection which exists between these conditions. Other subjects discussed are ulcerative endocarditis, pericarditis, pneumothorax, ascites, and syphilitic disease of the liver.

Although it lacks the freshness one expects in a volume of clinical lectures, the book everywhere abounds in evidence that it is the work of a good observer, and of an accomplished observer, and, as such, is a valuable legacy not merely to the author's old students at the Middlesex Hospital, but to the profession at large.

J. H. H.

CUTANEOUS AND VENEREAL MEMORANDA.

By HENRY G. PIFFARD, A.M., M.D., Professor of Dermatology, University of the City of New York, and GEORGE HENRY FOX, A.M., M.D., Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York. Second Edition. New York: William Wood & Co., 1880. 16mo, pp. 310.

The correction of typographical errors, the addition of a few selected formulæ, and some amendments in the nomenclature constitute the principal changes made in this edition of Drs. Piffard and Fox's little book. We regret that these changes in nomenclature have not been more sweeping. The chief fault of the first edition was in its peculiar system of classification and nomenclature, and many of these peculiarities remain in the present edition. The accomplished authors of this little work would have done well had they ranged themselves in harmony with the rest of the modern dermatological world on this subject. Until such a change is made, the book is not one which can be recommended to the student at large, unless he wishes to muddle his brain hopelessly. Within the circle of its authors' teaching, however, it must be a valuable aid to the beginner.

ATLAS OF SKIN DISEASES. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, etc.—Part VIII. Philadelphia, J. B. Lippincott & Co., 1880.

Of the four varieties of disease depicted in this fasciculus of Professor Duhring's Atlas, the first is *erythema multiforme* (*papulo-*

sum). This curious affection is, perhaps, as apt to puzzle the practitioner and lead him astray as any in the long catalogue of skin diseases. Resembling, as it does, so closely some forms of the papular syphiloderm, it is apt to be mistaken for this, and to lead to awkward suspicions and possibly unjust accusations against the unfortunate victim. Dr. Duhring gives a picture of the affection as it occurs on the backs of the hands, and as perfect a representation as could be desired. The picture of *syphilodermia tuberculosum*, which follows, is a good representation of this affection, and the artist has succeeded in rendering the scarring effects on the patient's temple most admirably. The third picture represents a well-marked case of *tinea trichophytina*, the rings on the back of the neck and the broken-off hairs in the scalp being particularly well depicted. The fourth plate is a representation of one form of *psoriasis*, of the variety "nummularis," and is, equally with the others, a work of art and a faithful representation of the disease.

V.

A PRACTICAL HAND-BOOK OF MEDICAL CHEMISTRY APPLIED TO CLINICAL RESEARCH AND THE DETECTION OF POISONS. Partly based on "Bowman's Medical Chemistry." By WILLIAM H. GREENE, M.D. Henry C. Lea's Son & Co., Philadelphia, 1880.

As Bowman's well-known "Medical Chemistry" has been out of print for several years, while the demand for such a work still continued, the publishers have brought out the work recast and largely rewritten, although within a slightly smaller compass. On comparing the new work with the last edition of "Bowman," we find very considerable improvement at once apparent. The author of the revision before us has prefaced the course of practical analysis with which Bowman began with a section enumerating the organic proximate principles taking part in the animal economy, and giving full descriptions of all chemical constituents, both normal and abnormal, thus allowing of fuller identification. The analysis of secretions, excretions, etc., then, forms Part II., followed, as in the older work, by the part on the detection of poisons, which therefore is Part III. of the new book.

Among points of merit noticed are, briefly: the tables of urinary sediments, on page 127, are better than the enumeration in the previous edition, and are more fully illustrated by cuts; several methods for the quantitative determination of urea are given, including two newer than Liebig's mercuric-nitrate method; it does not give special schemes for the examination of diabetic and albuminous urine, but the reactions for glucose and albumen and the methods for their quantitative determination are fully given, so that a careful student can use the book to equal advan-

tage, while the danger of mechanically or blindly following a tabular course of analysis is removed.

Among minor deficiencies or blemishes we may mention: first, where it is necessary to mention such names of organic compounds as (on page 54) "neurine is trimethyl-hydroxethylene-ammonium hydrate," a rational or structural formula should be given, as the name does not convey any idea except to the professional chemist; in his descriptions of milk and butter analysis he quotes only older French authorities, and does not give the newer methods of the English analysts; in his arsenic tests he does not recognize the importance of being able to evolve arsenic in alkaline solution, as in Heitzmann's test, nor does he give the convenient modification of Marsh's test by Davy, in which sodium-amalgam is used.

The book is of convenient size, and well printed and bound. SADTLER.

GLEANINGS FROM EXCHANGES.

CÆSAREAN SECTION, WITH REMOVAL OF UTERUS AND OVARIES, SUCCESSFULLY PERFORMED AFTER THE PORRO-MÜLLER METHOD.—Dr. Elliott Richardson, of Philadelphia, reports (*Am. Jour. Med. Sci.*, January, 1881, p. 36) the following case, which is of great interest as being the first successful operation of the kind performed by an English-speaking surgeon. The patient was a dwarf, twenty-five years of age, forty-six inches in height, and weighing eighty-five pounds. It was thought best to select a time for the operation about two weeks anterior to the supposed period for labor to begin, in order to permit ample preparation and to avoid the exhaustion incident to labor. It was thought, too, that the presence of a well-defined cervix would make easier the application of the retaining-ligature at the time of operation. Dr. Richardson avoided giving the preliminary purgative customary in such cases, believing that the disturbed condition of the bowels, or, if opium were subsequently given, the meteorism which would result, would be unfavorable.

The operation, which was performed on the 22d of September, 1880, was begun by an incision in the median line of the abdomen, extending from a point about one and a half inches above the symphysis pubis to a point about four inches above the umbilicus. The incision was about ten inches in length, and was made so exactly in the median line of the abdomen that not more than a teaspoonful of blood was lost from this part of the operation. No hæmostatic was used, and no ligature had to be applied. The abdominal cavity being opened, the uterus could be seen and was drawn out, the abdominal walls being

closed immediately and a piece of carbolized flannel wrapped around the base of the uterus. The loop of an écraseur being thrown over, the uterus was tightened at a point a little below the os internum. The uterus was then rapidly opened, the placenta being found directly on the anterior wall, the incision going through it. It was detached, and it and the entire ovum were turned around within the uterine cavity, the membranes ruptured, and the child extracted, followed by the entire removal of the after-birth. Two stout steel pins, about five inches in length and the size of a No. 8 French bougie, were then introduced through the cervix, one passing below, the other above the wire of the écraseur, and diagonally to the line of the abdominal wound. A piece of stout silk cord, previously soaked in carbolized oil, was tied tightly around the cervix between the two pins, exactly in the line of the temporary wire loop, which latter was removed as soon as the permanent ligature was applied, but before it was finally fastened. The silk ligature was wrapped twice around the cervix, and then tied.

The uterus and ovaries were now cut off with scissors at a point about three-quarters of an inch above the ligature, and the stump placed at the lower angle of the abdominal wound. Careful sponging of the cul-de-sac of Douglas with carbolized sponges removed a very small quantity of bloody serum. The abdominal wound was then closed by twelve interrupted silver sutures, four superficial and the remainder deep, enclosing about half an inch of the peritoneum on each side. During the introduction of the deep stitches a flat sponge was placed in the abdominal cavity beneath the flaps to catch and absorb any drop of blood which might escape from the wounds made by the needle.

The wound being closed and the stitches supported by long strips of adhesive plaster, pure liquid carbolic acid was applied carefully to every part of the stump outside of the ligature, plates of lead placed under the pins to prevent undue pressure, and Lister's carbolized gauze applied to the whole extent of the wound and to the exposed stump. This was completely covered with carbolized mackintosh, and the whole kept in place by a flannel binder. No drainage-tube was introduced. The patient was immediately placed in bed, and a hypodermic injection of a quarter of a grain of sulphate of morphia administered. The operation alone occupied forty-five minutes; including anaesthetization and dressing, the entire duration was an hour and a quarter. Lister's antiseptic method was fully carried out.

The history of the case after operation was most satisfactory. For the first ten days the patient's temperature only once rose to 100.4°. On the eleventh day a mild attack of phlegmasia dolens supervened, and the temperature for the three nights succeeding reached

100.6°; convalescence then went on without further interruption. The abdominal wound united by the first intention. The pedicle came away on the eleventh day. The function of the bladder was not at all interfered with. The infant, a vigorous male of five and a half pounds weight, is at present living and well, as also is the mother, three months after operation. Dr. Richardson says, with regard to the effects of the operation, "I have rarely seen less discomfort in a lying-in woman after normal labor."

The advantage of the Müller modification of Porro's method is that it is clean, safe, and easy to perform; not a drop of blood need enter the abdominal cavity. Dr. Richardson attributes his success to the fact that a time was fixed before the period of labor when his eight assistants could be summoned without haste and with due preparation, including the avoidance of contact with contagious disease for two days previous, also to the careful attention to minute details, antiseptic precautions, etc.

ACONITE IN TONSILLITIS.—Dr. John L. Washington (*St. Louis Courier of Medicine*, 1880, p. 436) says, "I have repeatedly verified what Professor Ringer says respecting the effects of aconite in acute tonsillitis, so that I consider it almost a specific. I give to an adult five drops of the tincture of aconite root at once in a little water, and one-fourth as much every twenty minutes afterwards, until the pulse is reduced to ninety and profuse diaphoresis is produced. Then a similar dose is continued hourly. I give a purgative dose of calomel, unless the bowels are loose, in which case, if the tongue is foul, I give a few half-grain doses instead. Hot poultices are applied to both sides of the throat immediately; and, if the patient is willing to pay me for another visit on the next day, if I find pain and swelling still present, which is usually due to neglect of directions, I paint the tonsils and parts surrounding with a solution of nitrate of silver, thirty grains to the ounce, and give him crystals of chlorate of potassa to dissolve in the mouth, to be afterwards swallowed; also, five drops of the tincture of belladonna and two drops of tincture of aconite root every two hours, a combination strongly recommended by both Bartholow and Ringer. In the case of a young man eighteen years of age, whose throat was almost completely closed from the enormous swelling of both tonsils in an acute attack, causing an extreme degree of dyspnoea, and death by suffocation to appear imminent, by means of ten drops of the tincture of aconite root placed on his tongue, and a hot poultice to each side of his throat externally, I have completely relieved the urgent symptoms in thirty minutes, causing very profuse perspiration with a grateful sense of comfortable relaxation. I order patients always to remain in bed until several

hours of free action of the skin have passed. I have given aconite to pale, thin children, with moderately weak pulses, and have always found one-half to two-drop doses in the beginning of the attack, repeated every fifteen or twenty minutes, to bring about copious sweating and speedy diminution of the swelling, and have never seen any unpleasant symptom from its use in this manner. If the patient has been, on account of painful or perhaps impossible deglutition, ten or twelve hours without proper nourishment, I order an enema of beef-essence."

A NEW REMEDY IN DIPHTHERIA.—Dr. George Guttman, of Cronstadt, says, "Knowledge of the physiological action of pilocarpin and of its effect upon bronchial catarrh, giving rise to moist râles, led me to believe that, administered in diphtheria, it might lessen the diphtheritic membrane through the induced abundant salivary secretion, while it would not excite any inflammatory condition. The result of the proposed treatment was above all expectation brilliant and striking. In six cases pilocarpin was administered with cure of the patients in two to four days. In addition, the usual general treatment was followed: quinine, tannin locally, gargles of lime-water, and pepsin. The patients recovered in from two to four days."

"Led by these results, I prescribed pilocarpin in violent pharyngeal cases, angina aphthosa and tonsillaris, always with most happy results, the disease yielding in a short time. In two cases of violent tonsillitis, in which the tonsils were so swollen that water could be taken only with great difficulty, and scarification was positively indicated, not only did the swelling disappear, but the entire group of inflammatory symptoms, the one in twenty-four hours and the other in thirty-six."

"In the few cases of membranous croup that have fallen into my hands during the past fifteen months, pilocarpin has proved a faithful ally, and I believe it will prove as effective as in diphtheria of the fauces."

"Two cases of laryngitis stridula yielded promptly to the same drug, which is safer and more convenient than the usually prescribed emetic."

The formulæ employed by Dr. Guttman are as follows:

R Pilocarpin. muriat., gr. $\frac{1}{4}$ — $\frac{3}{4}$;

Pepsin., gr. x ad xii;

Acidi hydrochlor., gtt. ii;

Aquæ dest., \mathfrak{z} iii.

M. Sig.—A teaspoonful hourly for children.

For adults:

Pilocarpin. muriat., gr. $\frac{1}{4}$ — $\frac{3}{4}$;

Pepsin., gr. xxx;

Acidi hydrochlor., gtt. iii;

Aquæ dest., \mathfrak{z} viii.

S.—Hourly, a tablespoonful.

He has never observed any undesirable effects of the drug even when it has been continued until complete recovery, possibly

because a small amount of generous wine is given after each dose.—*Berlin. Klin. Woch.*, October 4, 1880; *St. Louis Courier of Medicine*, November, 1880.

TREATMENT OF DIPHTHERIA BY TARTARIC ACID.—M. Vidal advocates the employment of tartaric acid in diphtheria (*La France Médicale*). Local action on the false membrane is necessary because it has a great tendency to propagation by a sort of auto-inoculation comparable to that which takes place in certain skin diseases. The formula he employs is this: tartaric acid, 10 grammes; glycerin, 15 grammes; distilled mint water, 25 grammes. The tartaric acid acts on the false membrane, which it changes into a gelatinous mass and favors its expulsion. Applications of it should be made about every three hours, and should be followed a short time after by applications of lemon-juice.—*Medical Press and Circular*.

IPECAC TREATMENT OF JAUNDICE.—Dr. Cook, of Bombay, has obtained good results from large doses (twenty to forty-five grains) of ipecacuanha where small doses had been used without effect. In the ordinary so-called catarrhal jaundice it acts as a specific, and also in one or two cases of hematogenous jaundice good results were obtained by its administration. In a child three years of age twenty grains were given by enema.—*Practitioner*, August, 1880; *St. Louis Courier of Medicine*.

PHYSIOLOGY OF THE NERVOUS SYSTEM.—Dr. Brown-Séquard has recently published the results of certain experiments upon the nervous system, made by himself, which have led to the following conclusions. 1. The appearance of anæsthesia after a lesion of the encephalon no longer affords reason for concluding that the affected part is a perceptive centre or a path for the conductors of sensory impressions. 2. Notwithstanding the very numerous facts which have led him to propose, and to cause to be admitted, the theory that the conductors of sensitive impressions of the limbs cross each other in the medulla, this theory should be rejected. 3. A lateral half of the base of the encephalon might suffice for the transmission of sensitive impressions on both sides of the body, since in the experiments reported by him one-half of the base of the encephalon transmitted, first, the sensory impressions of the right limbs only, then those of the left pelvic limb only.—*British Med. Jour.*, vol. ii., 1880, p. 606.

RESUSCITATION AFTER TWO HOURS AND TWENTY MINUTES.—Dr. R. J. Maitland Coffin (*Brit. Med. Jour.*, vol. ii., 1880, p. 659) was called to a case, an hour after delivery, when the child had been allowed to turn on its face and so became asphyxiated. He found a slight flutter at the heart, which ceased in a few minutes. The child was partially wrapped in flannel and placed in front of the fire. Sylvester's method was employed, and at the

end of two hours and twenty minutes the child breathed easily, and complete recovery took place.

FETID SWEATING OF THE FEET.—Dr. Willcox (*Brit. Med. Jour.*, vol. ii., 1880, p. 659) straps the affected portion of the sole of the foot as smoothly as possible with tolerably wide straps of ordinary adhesive plaster,—either emplastrum saponis or emplastrum plumbi. Every part should be completely covered, and with two layers of plaster if the complaint be very bad. The plaster should be taken off and renewed in three or four days, and once again at the expiration of a week, when the skin will be found to be quite healthy.

EXTIRPATION OF THREE OVARIES.—Dr. Fritz Keppler, of Venice (*Allg. Wien. Zeit.*, No. 36, 1880; *Brit. Med. Jour.*), undertook an operation for the removal of what appeared to be ovarian and tubal degenerate growth of both sides. In the course of the operation, however, it appeared that there was a fully-formed ovary and tube, which were also the seat of disease: so that it was necessary to perform extirpation of the three ovaries and three tubes. Such an anatomical anomaly is, it is stated, previously unknown: so that the case is one of great anatomical as well as surgical interest. The operation was entirely successful.

DYSTOCIA FROM COCCYGEAL ANCHYLOSIS.—Dr. Alexander Simpson (*Edinburgh Med. Jour.*, November, 1880, p. 386) reports the case of a woman of forty-four, who, menstruating for the last time on the 23d to 26th of July, 1879, and separating from her husband on the 2d of August following, fell in labor on May 14, 1880. On examination, the several segments of the coccyx were found immovably fixed. As labor progressed, some slight mobility of the third and fourth segments of the coccyx supervened, but the first and second remained united to each other and to the sacrum. Labor progressed favorably until the head became arrested on the pelvic floor. After considerable delay, the forceps were applied and the child safely delivered, but with a laceration of the mother's perineum. Mobility was then found to have extended to the point between the first and second segments of the coccyx, but the first still remained adherent to the sacrum. The patient nursed the child and made a good recovery. Dr. Simpson remarks in this case upon the protraction of gestation, there being no doubt that the child was carried *in utero* upwards of two hundred and ninety-two days. He speaks of the tear in the perineum, which ran to the right of the raphé. There was also a laceration in the left nymphæ towards its upper or anterior extremity. The obliquity of the tears was probably connected with the unusual degree of obliquity of the head as it escaped from the canal, the ordinary degree of rotation of the large head

having been hindered by the projecting coccyx. The chief point of interest, however, was in the coccygeal ankylosis, and Dr. Simpson speaks at some length regarding this peculiarity. According to him, this may be *partial*,—affecting only one joint; the sacro-coccygeal articulation or the terminal segments becoming ankylosed together. If one of the joints remain movable, it is usually that between the first and second segments. Other varieties are the *universal*, all segments being ankylosed, the *complete*, not the slightest mobility remaining, and the *incomplete*, where there is slight mobility. In addition, the point may be misdirected,—turned backward or sidewise. Most frequently, however, the point is turned forward, so as to diminish the conjugate diameter of the pelvic outlet. Among the causes, or probable causes, of coccygeal ankylosis are age and injuries from falling, etc. It is not usually the cause of retarded labor in old primiparæ, imperfect development of the uterine walls being more commonly at fault. Fracture of the parietal bones of the fœtus sometimes results. The diagnosis is made without difficulty by examination. The natural efforts usually overcome the difficulty. Sometimes, however, the coccyx must be broken or the forceps brought into use.

SYPHILITIC ENLARGED SPLEEN IN A CHILD.—Dr. W. J. Tyson (*Lancet*, vol. ii., 1880, p. 653) reports the following case. A woman, thirty-nine years of age, who had given birth to several children suffering from undoubted syphilitic lesions, gave birth, in May, 1875, to an apparently healthy child. In July following the mother suffered from a breaking down gumma of the soft palate. Two years later the child was seen by Dr. Tyson, who found him with a spleen extending in a downward direction for three and a half inches, reaching the crest of the ileum; in front it approached closely to the umbilicus. The liver was not enlarged. No albumen present in the urine. He was ordered mercury with chalk, one grain every morning and evening, and one grain of iodide of potassium with ten minims of syrup of iodide of iron to an ounce of water, three times a day. After two months of this treatment the spleen was decidedly smaller, and at the end of five months it was only one inch below the margin of the ribs. The medicine was taken more or less regularly for a year, and three years later the child was found in good health and the spleen imperceptible.

LADIES' SANITARY TOWELS.—Dr. Galabin recommends towels containing a pad of absorbent cotton-wool rendered antiseptic by boracic acid for use during the catamenia and after confinement. They can be made cheaply, costing little more than the price paid for washing the ordinary towel, and can be burned after use.—*British Medical Journal*.

MISCELLANY.

THE BRAIN AND SPINAL CORD IN EXTINCT REPTILES.—At the late meeting of the National Academy of Sciences in New York, Professor O. C. Marsh, of Yale, who occupied the chair during this autumnal session, read a paper on the dimensions of the brain and spinal cord in some extinct reptiles, in the course of which he spoke of the special interest which attached to the stegosaurus, a mammoth reptile the remains of which he had discovered in Colorado. Five years ago Professor Marsh presented some observations to the Academy which indicated that the more remote the period to which any extinct mammal belonged the smaller would the brain be found, and that as time advanced there had been a gradual increase in the size of the brain, this growth being mainly noticeable in the cerebral or intellectual portion. At the spring session, in April last, he showed that in birds and reptiles also the same law held good. Since then he has examined skeletons of the stegosaurus unearthed in the Rocky Mountains, which, with a body as large as that of an alligator (some of the skeletons measuring thirty feet in length), had a brain-cavity no larger than that of a dog. The peculiar characteristic discovered about this reptile, however, is the existence in the sacral portion of the spinal column of an enormous vaulted chamber like an ordinary brain-box, which is from eight to ten times larger than the brain-cavity in the cranium. Professor Marsh examined a number of these skeletons, and found the same thing in all of them; and as ordinarily the young animal has a brain proportionately larger than that of the grown animal, so here in the skeleton of the young reptile this peculiar cavity is proportionately larger than in the full-sized skeletons. Professor Marsh has never seen anything analogous to this anomaly in any of the land vertebrates.

This is certainly a very curious discovery, the complete explanation of which it may be quite difficult, if not impossible, to arrive at in our present state of knowledge.

At the last meeting of the American Neurological Association, Dr. J. J. Mason, of Newport, reported a series of observations on animals, which seemed to establish the general law that in all vertebrates the diameters of the nuclei of the cells in the inferior horns in the two enlargements of the spinal cord are proportional to the muscular power of the corresponding extremities, the nucleus of each motor cell apparently increasing in size with the growth of the muscular structure which it serves to innervate. Thus, in the frog, with its powerful posterior extremities, the nuclei of the cells of the lumbar enlargement are found to be much larger than those of the cervical enlargement, while in the

gopher turtle the reverse of this is true. Now, if such a law held good in regard to the gross size of the enlargements of the spinal cord, it might possibly throw some light upon the subject, since this gigantic extinct reptile is described to be something like an elongated kangaroo in shape; but even then the enormous size of the sacral cavity, as compared with that of the cranium, would be by no means sufficiently explained, there being no other known extinct or living animal in which such a formation is found to exist.

Professor Marsh, without attempting to arrive at any definite conclusion in regard to the matter, suggested that this curious phenomenon of a "posterior brain-box" might perhaps afford some support to the idea which has been advocated in certain quarters of late,—that the whole nervous system, and not the brain alone, may possibly be the seat of the mind.—*Editorial, Boston Medical and Surgical Journal.*

HERMAN C. EVARTS, M.D., for the past three years assistant-physician at the Friends' Asylum, Frankford, Philadelphia, has recently been appointed Assistant Medical Superintendent to the New York City Asylum for Insane, Blackwell's Island.

THE notorious Dr. John Buchanan (diploma-seller) has been sentenced to pay costs of prosecution and five hundred dollars' fine, also to undergo ten months' imprisonment; his brother-in-law, M. V. Chapman, who, we believe, perjured himself in an effort to effect Buchanan's escape, was sentenced to the same fine and twenty-two months' imprisonment.

INJECTIONS OF CHLOROFORM IN LUMBAGO.—In *La France Médicale* the injection of chloroform in severe cases of lumbago (after the manner of Dr. Bradford) is alluded to. The amount injected varied from three to five drops. This had the effect, in Bradford's cases, of instantly relieving the pain, and after three injections patients were able to work as usual, and were apparently cured.

STRYCHNIA AS A PHYSIOLOGICAL ANTIDOTE TO ALCOHOL.—Dr. Luton, in the *Bulletin de Thérapeutique*, claims that by frequent experiment he has demonstrated that strychnia is the best physiological antidote in cases of chronic alcoholism. He has used hypodermic injections of the sulphate of strychnia in delirium tremens with markedly favorable results, relieving tetanic rigidity and quieting delirium.

POST-MORTEM EXAMINATION NO INJURY.

—Ann Farley vs. William Carson, M.D.—Error to the Superior Court. The petition recited that James Farley died in the Cincinnati Hospital, January 11, 1879, and that his body was wrongfully withheld from the plaintiff, his widow, and desecrated and mutilated. In the court below, the case was taken from the jury and the petition dismissed upon the ground that it did not contain a cause of action. This action was claimed to be errone-

ous, and formed the basis of the petition in error.

Judge Avery announced the opinion of the court. He said it was established as the common law that a corpse is the property of no one, although there is a property in monuments and escutcheons of the ancestor vesting in the heirs. To steal a shroud from a corpse is larceny, the property in the shroud being held in the executors of the deceased or the person who buried the body. It was not larceny to steal the body itself; but, at the same time, it was indictable as a misdemeanor. The right in the proper person to the body of a deceased for the purposes of burial—a right correlative to the duty of burial—is recognized by our statutes, Section 3763. The court are not prepared to say, therefore, that the petition did not state facts sufficient to constitute a cause of action. The allegation that the body was desecrated and mutilated might, perhaps, have been made more definite, but, standing as it did, it was sufficiently comprehensive. To include such an injury to the right of decent burial as that would be a reflection upon a court of justice if it were not able to afford redress; but the evidence offered did not make out the allegations of the petition. The only evidence of mutilation was a cut over the liver, the deceased having abscess of the liver, and there was nothing in the evidence to show whether it was made before or after death, although he had been operated upon the night before he died, and had been tapped before he went to the hospital. The petition alleged mutilation after death. No case could exist unless there was such a mutilation as would be an injury to a right, and, as the right was simply the right of a decent interment, there could be no recovery unless in some way there was an infringement upon that right. Judgment affirmed.—*Cincinnati Gazette.*

MODIFICATION OF ESMARCH'S BANDAGE.

—Dr. Levis, in a clinical lecture reported in the *Medical Bulletin*, says that the weak point in this bandage is the rubber compressing-tube. He says, "The objection to this apparatus is that it produces a linear constriction, which, being exercised within extremely narrow limits, tends to produce (by compression) a vaso-motor paralysis, the result of which is that sometimes after the completion of the operation hemorrhage sets in and gives more or less trouble to subdue."

"In place of this narrow tube I employ a rubber band made of tubing, the sides of which closely approximate. This band is about one and a half to two inches in width, thus distributing the pressure over a greater extent of surface, and correspondingly decreasing the chances of paralysis and consequent hemorrhage. The ends of this band are lined and surrounded with canvas, and eyelet-holes made in order to permit of lacing if desirable. Since using it I am rarely trou-

bled with hemorrhage following the operation. It controls the circulation fully as well as the more narrow tubing, and is altogether, I think, a great improvement over the old style."

ECZEMA OF THE SCALP AND NOSE.—Neumann, of Vienna, in moist eczema of the hair and scalp, bathes the diseased parts twice a day with the following solution:

Venetian borax,
Crystallized alum, of each 5 parts;
Glycerin, 100 parts.

For this lotion may be substituted a pomade thus formulated:

Venetian borax, one drachm;
Dissolve in a sufficient quantity of glycerin;
add Mutton suet,
White wax, of each two drachms;
Olive oil, a sufficient quantity.

ECZEMA INTERTRIGO OF INFANTS.—Dr. H. B. Hodges, in the *British Medical Journal*, recommends the following, after twenty-five years' practice:

R Plumb. acetatis, gr. xxx;
Acidi acetici diluti, ℥ij;
Glycerinæ, ℥jss;
Aque rosæ ad ℥viiij.—M.

He uses no internal medication.

FOR CATARRH OF BRONCHI OR THROAT.—

R Quinidiæ sulph.,
Cinchonidiæ sulph., gr. ix;
Pulv. tragacanthi, gr. xij;
Pulv. althææ radicis, gr. v;
Pulv. gentianæ, gr. vj;
Pulv. santali rub., gr. ij;
Glycerinæ, gr. vj;
Acidi muriatici, gr. vj.

M. Div. in pil. no. xxiv.

Sig.—Four or six pills at bedtime; three pills every two hours during the day.

M. GALEZOWSKI has informed the Paris Société de Médecine Publique et d'Hygiène Professionnelle that he has noted fifty cases of serious accidents to the eye in schools, due to the introduction of steel pens into that organ. He is therefore of the opinion that the use of metallic nibs should be abolished in educational establishments.

INUNCTION OF CASTOR OIL AS A PURGATIVE.

—Mr. John Nichol writes to the *British Medical Journal*, telling of a case of acute desquamative nephritis, in a child five years old, where he wished to act speedily upon the bowels. Not being able to induce the child to take any purgatives, he ordered the inunction, with a warm hand over the abdomen, of one-third of an ounce of castor oil. The result was a free action of the bowels five hours afterwards, followed by two other movements during the day.

EMULSION OF CASTOR OIL.—

Castor oil, 4 drachms;
Powdered gum acacia, 80 grains;
Essential oil of almonds, 1 minim;
Simple syrup, 2 drachms;
Water to 2 ounces.

Mix the powder with the oil, then add two

drachms of water, and stir till the emulsion is formed, then add the remainder of the water, syrup, and essence.

EMULSION OF TURPENTINE OIL.—

Oil of turpentine, 4 drachms;
Powdered gum acacia, 2 drachms;
Syrup, 2 drachms;
Water to 2 ounces.

Mix the powder with the oil, add half an ounce of water, and stir till the emulsion is formed, then add the remainder of the water and syrup.

Oil of turpentine is considered one of the most troublesome bodies to emulsify: prepared by this form, there is no difficulty.

A MENSTRUUM FOR SALICYLIC ACID.—In the *Louisville Medical News*, May 1, 1880, Dr. Springer states that salicylic acid is readily soluble in effervescing Vichy or Seltzer water, the former, from containing an excess of alkaline carbonates, being preferable. The acid is put into a tumbler first and mixed thoroughly with a small quantity of water, to prevent its floating, and the glass is then filled with the effervescing water and the liquid drunk off. When perfectly dissolved it is said to have a very pleasant, exhilarating, pungent, and sweetish taste.

MICROBES.—Infusoria are giants in comparison with the minute organisms (or microbes) which M. Pasteur has shown to be so much concerned in epidemics and contagious diseases. In pure water the hunt for microbes may or may not be successful. Happily, however, certain chemical agents, especially osmic acid, kill organisms without deforming them, and once killed they sink to the bottom in appreciable quantity (if sufficient water has been used), and may be examined. M. Certes has practised this method successfully. For potable water with little organic matter in it, he uses a one-fifth solution of osmic acid, less than one cubic centimetre sufficing for thirty or forty cubic centimetres of water. For preventing the acid from darkening the tissues too much, some distilled water is added a few minutes after the acid has been in. The deposit may be examined microscopically after some hours (twenty-four, or even forty-eight if the water has been very pure). Coloring reagents (such as Ranvier's picrocarminate, methyl green, eosine, etc.), mixed with diluted glycerin, may also be used with advantage. It is superfluous to insist on the profit which may accrue to natural history and public hygiene from the micrographic analysis of water.

CARBOLIC ACID IN PRURIGO.—M. Lallier, of the St. Louis Hospital, Paris, uses in pruriginous affections of the skin a solution of carbolic acid (two per cent.), to which he adds half an ounce of glycerin, as compresses, or, better, in the form of spray. Its anæsthetic properties cannot be contested, and no inconvenience results from its continued use.

SYNTHESIS OF CITRIC ACID.—MM. Grimaux and Adams have succeeded in preparing citric acid from glycerin. The process is a very

complicated one, but it is said that the acid can by it be made at a cheaper rate than obtained from natural sources. The details of the process may be found in the last number of *The Druggist*.

NEW TEST FOR TRICHINÆ.—A Holstein peasant, uninstructed in microscopical research, and not possessing the requisite instruments of precision, has devised for himself a new test for the presence of trichinæ in pork. When he killed a pig, he was careful to send a portion of it—a ham or a sausage—to his pastor, and then waited the consequences for fourteen days. If his pastor remained healthy, then he felt perfectly easy in his mind, and well assured that his pig fulfilled the requisite conditions of soundness of food, and he proceeded to dispose of it accordingly in his own family. This ingenious method of research has not been considered satisfactory by the district physician.—*British Medical Journal*.

DR. SEGUIN, in *Archives of Medicine* for August, reports two cases of Bright's disease (contracted kidney) in which paroxysmal headache, confined to the occiput, was a marked feature. He calls attention to this phenomenon, as it has never been noticed before.—*St. Louis Courier of Medicine*.

LAST summer there were 98 foreign medical students in Vienna, of whom 38 were Americans.

MARK TWAIN'S RECIPE FOR NEW ENGLAND PIE.—To make this excellent breakfast dish, proceed as follows. Take a sufficiency of water and a sufficiency of flour, and construct a bullet-proof dough. Work this into the form of a disk, with the edges turned up some three-fourths of an inch. Toughen and kiln-dry it a couple of days in a mild but unvarying temperature. Construct a cover for this redoubt in the same way, and of the same material. Fill with stewed dried apples; aggravate with cloves, lemon-peel, and slabs of citron; add two portions of New Orleans sugar; then solder on the lid and set in a safe place until it petrifies. Serve cold at breakfast, and invite your enemy.

TEA raised from seed sent out by the Department of Agriculture has been an article of merchandise in Fayetteville, in this State, and it is grown in Wilmington as an ornamental shrub.—*North Carolina Med. Jour.*

MALFORMATION.—The *British Medical Journal* (vol. ii., 1880, p. 709) quotes, from a Danish source, an account, by Dr. Pipping-skiöld, of a strong and fully-developed infant, from whose chest there proceeded two arms with hands and fingers, and, at some distance from them, with an intermediate rudimentary body, perfectly developed nates, with corresponding lower limbs. These four duplicate extremities exhibited some movements during life, but more slowly than the proper limbs of the child. The child died at the end of fourteen days.

OYSTERS AS A POSSIBLE SOURCE OF TYPHOID FEVER.—In the *British Medical Journal*, September, 1880, p. 471, Dr. C. A. Cameron draws attention to the danger of oyster-beds being laid down in the vicinity of the mouths of sewers, seeing that oysters so placed are found with their intestinal canals full of the sewage-matter.

FATAL RESULT OF CHLOROFORM TO THE ADMINISTRATOR.—Dr. Lefevre, a dentist of Oakland, Cal., chloroformed Mrs. Schroeder, of that place. The woman, suffering under the delusion that a felonious assault had been perpetrated during the chloroformization, told her husband, who incontinently shot the doctor. The coroner's jury rendered a verdict charging Schroeder with murder.

BERI-BERI IN SAN FRANCISCO.—Surgeon E. Heber Smith reports eighteen Brazilian man-of-war's men in the Marine Hospital of San Francisco suffering from this curious disease.—*New York Medical Record*.

NOTES AND QUERIES.

ERRATUM.

1118 ARCH STREET, PHILADELPHIA,
January 8, 1881.

EDITOR OF *Philadelphia Medical Times*:

DEAR SIR,—In the *Times* of January 1, 1881, I notice an error in the report of my remarks on the paper of Dr. Wilson, which I trust you will correct in the next issue of the journal. On page 208, at the bottom of the second column, I am made to say that the growth which occurs in Magendie's solution of morphia can be prevented by adding tartaric acid. My statement was that *salicilic* acid would prevent such formation; and, as I have my doubts about the efficacy of tartaric acid, I do not desire to appear to the public as having made an erroneous assertion. The error occurred, I presume, through my not having seen the manuscript of the Proceedings of the County Medical Society.

Yours truly,
JOHN B. ROBERTS.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM DECEMBER 26, 1880, TO JANUARY 8, 1881.

BAILY, E. I., LIEUTENANT-COLONEL AND SURGEON.—Granted leave of absence for two months. S. O. 277, A. G. O., December 30, 1880.

WHITE, C. B., MAJOR AND SURGEON.—Relieved from the duty assigned him in S. O. 229, October 25, 1880, from A. G. O., and to report to the Surgeon-General. S. O. 276, A. G. O., December 29, 1880.

WILLIAMS, J. W., MAJOR AND SURGEON.—To report to the Commanding Officer, Department of Arkansas, for assignment to duty, temporarily, as Medical Director of that Department. S. O. 2, A. G. O., January 5, 1881.

BROWN, J. M., CAPTAIN AND ASSISTANT-SURGEON.—The leave of absence granted him in S. O. 264, December 2, 1880, Department of the Missouri, is extended three months. S. O. 2, c. 2., A. G. O.

MEACHAM, F., CAPTAIN AND ASSISTANT-SURGEON.—To report in person to the Commanding General, Department of the East, for assignment to duty. S. O. 278, A. G. O., December 28, 1880.

CARTER, W. F., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Granted leave of absence for one month, with permission to leave the Department. S. O. 265, Department of Texas, December 28, 1880.